

AMERICAN JOURNAL OF INSANITY,

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THE INSANITY OF WOMEN PRODUCED BY DE- SECTION OR SEDUCTION.*

BY DR. L. RAY.

The acquittal of Mary Harris, lately tried in Washington, has greatly exercised the public mind, and given rise to an unusual amount of objurgation. And the leading facts of the case, superficially considered, seemed to warrant this state of feeling. A young woman, smarting under the loss of her lover, provides herself with weapons, travels hundreds of miles to find him, watches patiently for a suitable opportunity, and at last deliberately shoots him dead at his desk in a government office. She is then tried, with the sympathies of the court, jury and audience, all in her favor, acquitted on the plea of insanity, under a more liberal rule of law, on this subject, than was ever admitted before in any English or American court, and immediately, without the slightest let or hindrance, is set at large. Thus regarded, and in that aspect alone, has it been regarded by most persons—the result seems to have been but a mockery of justice, worthy of the severest condemnation.

* Read before the Association of Medical Superintendents of American Institutions for the Insane.

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But for all that, the girl may have been insane, and therefore, very properly acquitted, for there was nothing in the case incompatible with the phenomena of insanity. Among the medical witnesses, who thought her insane, was Dr. Nichols, Superintendent of the Government Hospital for the Insane, who, for more than twenty years, has been exclusively engaged in the care of the insane, and is well fitted, both by his mental qualities and his abundant experience, to pronounce an opinion on such a case, and it is not strange that the jury shrunk from a conviction in the face of his testimony.

It is no part of my present purpose to discuss the question of this woman's insanity, and shall, therefore, say but little more about it, than to express the conviction that the existence of the disease, when she committed the homicide, was satisfactorily proved. The evidence of the fact was more full and decisive than it usually is in cases of such a character, or of any character in which the marks of the disease are not obvious to the most superficial inquirer. The essential features of the disease were there, easily discerned by all who were willing to see them. The heaviest blow that a proud and sensitive woman could receive, suddenly fell upon her, and reason reeled under the shock. A change of character took place, in which strange moods of mind, marked sometimes by depression, and sometimes by excitement, were frequently exhibited. Acts, sometimes of petty mischief, sometimes of fearful violence, towards those she had most reason to love, astonished and alarmed her friends. These effects of the moral shock were intensified by a considerable degree of uterine derangement, and rendered somewhat periodical and paroxysmal in their manifestations. Her mind thus unset-

tled, and drifting about under the impulse of every morbid feeling, was finally led to contemplate the idea of murder, and, after accomplishing the act, to regard her conduct with no very definite sentiment of joy or of sorrow—with no realizing sense of the enormity of her crime or of its legal consequence to herself.

The psychological and pathological aspects of the case were presented by Dr. Nichols with a force and clearness seldom exhibited on the witness-stand, and evincing a profound and sagacious observation of mental phenomena resulting from disease. Altogether, the case is full of instruction, and deserves to be carefully pondered by all who are engaged in psychological studies.

In any notice of this case, one is bound in duty to speak in terms of the severest reprobation of the closing scene of a trial that abounded in discreditable incidents. As soon as the verdict was announced, without one murmur of disapprobation, the prisoner was set at large. The evidence of the experts, on which the verdict must have been founded, implied that she was insane, not only when she committed the homicide, but also at the time of their examination, which was shortly before the trial. It was not pretended that she had recovered. Indeed, such an admission might have been fatal to the defence. And thus a woman, having committed a capital crime, under the influence of insanity, is again let loose upon the community, to repeat the act whenever an occasion may be offered. It is to be presumed that no law of the District would have authorized her detention, though in the face of so many irregularities that marked the course of the trial, we are not sure on this point. If such is the fact, however, it is to be hoped that Congress will not suffer another winter to go by, without provi-

ding by law, as many States already have, that every person acquitted on trial for a criminal act, on the ground of insanity, shall be remanded to custody, and not be relieved therefrom until fully recovered.

As already stated, it is not my purpose to discuss the points of this case, but rather to call attention to a class of cases of which this may be considered as a fair representative. They are greatly misunderstood, for the double reason that the mental impairment alleged to exist is not readily discerned, and that the offence is committed under the ordinary provocatives to crime. And the misunderstanding is not confined to the unprofessional public, but medical men are found, and among them even some practically conversant with mental disease, who can see in the plea of insanity only a lawyer's dodge, aided by the easy subservience of crochety doctors.

Differing as these cases do in some respects, yet they have many features in common which establish their essential identity. In all, there has been a grievous disappointment or outrage, more calculated than all others to try a woman's temper, and disturb the healthy balance of her mind. In all, there has been a strong and sudden revulsion of feeling, in which love and confidence were succeeded by the deadliest hate. In all there has been more or less mental disturbance exhibited, not so much in the form of delusion as in that of paroxysmal fury and uncontrollable criminal impulse. In all, there has been an entire abandonment of every interest and feeling not connected with the single purpose of revenge. In all, the person gives herself up to justice, glories in the bloody deed, and is careless of the future.

In the condition thus indicated, the thoughtful inquirer cannot fail to perceive the peculiar influence of those organs which play so large a part in the female economy, and this fact must be duly pondered if we would avoid serious mistake as to the true character of the mental disturbance. An act not to be distinguished, perhaps, on a casual inspection, from the ordinary run of crimes, may, nevertheless, have been prompted more by those physiological movements, characteristic of the female constitution, than by well considered motives, or strong, healthy feeling. With woman it is but a step from extreme nervous susceptibility to downright hysteria, and from that to overt insanity. In the sexual evolution, in pregnancy, in the parturient period, in lactation, strange thoughts, extraordinary feelings, unseasonable appetites, criminal impulses, may haunt a mind at other times innocent and pure. Dr. William Hunter, who, certainly, was neither superficial nor crotchety, contended that young unmarried women, guilty of killing their newborn offspring, were so distracted by conflicting feelings, sharpened to morbid acuteness by the great physiological movement of parturition, as to be hardly responsible for their acts.* It is no mark of wisdom to ignore the presence of the sexual element in the phenomena displayed by *this* class of cases. It is no whim, but a suggestion of sound physiology, that the nervous erethism, excited even by courtship, has a controlling influence over the female will.

Among the circumstances above mentioned, we have two very efficient agencies in the production of insanity—a strong moral shock and an irritable condition of the

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nervous system. Is it strange that a person thus situated, should become insane? It would be strange, indeed, if this event did not occasionally happen.

The common reluctance to attribute insanity to this class of persons, arises, principally, no doubt, from the fact that they act from a rational motive—from that prolific parent of crime, revenge. That this should be considered incompatible with insanity, only indicates how imperfect are the prevalent notions respecting this disease. It needs but little observation of the insane to see that they often act from rational motives. Strike an insane man, and he will be very likely to strike back. Promise him a reward for good behavior, and he will probably endeavor to earn it. Put him upon his honor, and he will seldom fail to keep his word. Do him a grievous wrong, and he will remember it, and retaliate—perhaps at some distant day. And when a man has been made insane, ostensibly by insult and abuse, the disease is not calculated to soften his feelings towards the offender, unless it crushes them altogether, or deter him from inflicting punishment. It may be disproportionate, cruel and felonious, and therein consists the manifestation of disease. Insanity may lead a man to regard his friends as no better than enemies, but it seldom leads him to consider his enemies as friends and treat them accordingly.

The common sentiment, respecting this class of cases, was expressed by Erskine in his admirable defence of Hadfield, while discussing the doctrine, which subsequently became an authoritative rule of law, that delusion constitutes the criterion of that form of insanity which renders a person irresponsible for criminal acts. A woman, he said, had been recently tried for killing the man who, after cohabiting with her several years, utterly

cast her off; and inasmuch as she acted from the spur of a real and not an imaginary grievance, he thought she should have been convicted. But, as if his instincts were a safer guide than any rule of law, he said it must be a consolation to those who prosecuted her, that she was acquitted, because she was then "in a most undoubted and deplorable state of insanity." And generally, if not always, such must be the practical result. The testimony shows neither delusion nor hallucination; neither incoherence nor incongruity; the experts render a hesitating, indecisive opinion; the public sentiment, completely dazed by the coolness and contrivance which marked the murderous act, scouts at the idea of insanity. The jury, however, in that tale of outrage and affliction, related with all the force and distinctness peculiar to legal evidence, cannot help seeing the rise and progress of a mental distraction, call it by whatever name you please, in which the sense of the right and the good is overwhelmed or distorted, and the spirit of revenge seeks for its victim, as if moved by an automatic and irresistible impulse. Their verdict of acquittal is not the fruit of a morbid sentimentalism, or of a fashionable indulgence to crime, but of a true humanity enlightened by true science. Let those who suppose such verdicts are rendered only in this country and at this time, consider that the case alluded to above occurred in England more than sixty years ago—a period when English juries were not supposed to be influenced by any superfluous leniency to crime.

What we are greatly in need of now, is a collection of these cases, accurately reported, and one could hardly do a better service of this kind than to supply this deficiency in medical jurisprudence. One of them came

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under the writer's notice with such unusual opportunities for observation as to render it worthy of a place in such a collection.

An Irish girl, about twenty years old, handsome and high-spirited, while living at service in the family of an eminent lawyer in Providence, became acquainted with a young man, an American, who, as she says, promised to marry her. One evening he got her on board the steamboat in which he was employed, and there treacherously attempted, though without success, to violate her person. From that time forth, all communication between them ceased, her love was turned into hate, and she determined to have revenge. She procured a knife, and at every opportunity, sought him in his accustomed haunts, all the while performing her duties properly, and attracting no attention by her manner or discourse. In the course of a few weeks, she met the false lover in the street and plunged the knife in his bosom. She went home quietly, where she was arrested the next day, and thence sent to jail. The wound was severe, but the man finally recovered, though for a time, it was thought he would die.

While she was in jail the writer was requested by her counsel to visit her for the purpose of ascertaining what was her mental condition. The warden said she had been a very troublesome subject; that she often got terribly ugly, when she would curse and swear, break whatever was breakable in her room, and destroy her clothing, and that consequently, he was obliged to keep her very close. During our interview, she was calm, good-natured, and communicative. When asked about the fits of passion spoken of by the warden, she said the other women provoked her, and then she could not help getting mad. She conversed correctly enough on ordi-

nary topics, showing a mind rather bright, though uncultivated, but when the assault was referred to, she became grave, shed tears, and broke out into some passionate expressions. The night before her trial, she made an attempt at suicide, and came very near succeeding. At the trial all went smoothly until the young man was put upon the witness-stand. The moment she caught sight of him, and before he had spoken a word, she began to pour out a torrent of vituperation which no efforts of her counsel or her female attendants could stop. As this was uttered at the top of her voice, the confusion and embarrassment that ensued can be better imagined than described. To go on with the trial was simply impossible, and the court directed the officer to take her to the hospital.

For a few days after her admission, she was tolerably calm, but protested against being confined as a lunatic, and demanded that she should be sent back to jail. She was willing to be tried, she said, and to be punished if she had done wrong, but they must not suffer that man to come in sight. In this style she talked to the last, and no person in the house disclaimed the imputation of insanity more loudly than she. It was not long before she had a paroxysm like those the jailor described, and for several months they recurred, once in two or three weeks. With little or no provocation, she began to scold and curse, vociferating with all her might, and tearing off her clothes. This continued two or three days, when she became calm, regretted what she had done, and promised to be good. But even during her quiet intervals, she was more or less cross, querulous and quarrelsome. Collisions with the attendants and patients were of frequent occurrence, and all rules and regulations she utterly con-

temned. Several benevolent ladies who had visited her in jail, called to see her, but she was always averse to seeing them, and finally refused altogether, for, she said, she wanted neither their help nor their sympathies—she could take care of herself. During the last few months of her stay, the paroxysms became less frequent, and the intervals exhibited a more comfortable frame of mind. But from first to last, she declared she had no regret for what she had done, that she had a right to do it, and was determined to kill him if he ever came in her way. After staying eighteen months in the hospital, she was discharged by order of the Attorney General, and went to reside with some friends at the south.

The psychological experience of this poor girl—the successive steps that intervened between the first shock to her feelings occasioned by her lover's treachery, and the state of raving mania in which it culminated—it is not very difficult to understand. In the course of a few hours, undoubtedly, her love was succeeded by hate and resentment. With her whole heart and soul absorbed in a sense of the wrong she had suffered, burning with shame at the indignity with which her warm, trusting attachment has been repaid, and ever dwelling on this one idea, these feelings became intensified every day she lived. The shrinking delicacy of the female character, the sense of right and wrong, the fear of man and the fear of God, all disappeared—utterly extinguished by the immovable determination to be revenged. With the accomplishment of her purpose, it might be supposed that she would regain her ordinary tone of feeling, but after such extreme tension, the proper elasticity of the mind is not easily regained, and often it is hopelessly lost. The nervous excitement, in-

stead of passing quietly away, like the electric fluid at numerous points, could find escape only in successive explosions of fury. In this state of mind, it is not strange that her moral perceptions were blunted, that wrong seemed to her right, and a murderous assault justifiable. In all this, it is easy to see the strict relations that existed between the normal and the abnormal manifestations of her character, between the essential and the accidental incidents that marked the developement of the mental affection. Had she been a girl of a higher grade of culture, or blessed with a larger religious element in her education, she might have borne her wrongs in a submissive, christian spirit. Had she been endowed with a less irritable, nervous temperament, she might have maintained her equanimity, and, severely as she might have felt her wrongs, still restrained her thirst for revenge within the limits of the law. Had the offender gone away far out of her reach, the tumult of her feelings might have gradually subsided, and her ordinary serenity been gained. But constituted as she was, controlled by circumstances as she was, disappointment, shame and outrage, could be followed by only the saddest possible consequences.

These cases present another feature in common which is especially worthy of notice, and that is the propensity of the public to mix up the question of insanity with that of the merits of the party, and thus acquit or condemn according to the moral aspects of the transaction, rather than to the force of a scientific conclusion. Such a confusion of all proper distinctions must necessarily lead to error, and thus render the popular judgment of very little worth. It must be borne in mind that even if the man were false and treacherous, it would not fol-

low that the woman was insane; and for the same reason, his conduct might not be justly open to censure, without the fact implying that she was sane and guilty of murder. In fact, the very correctness of his conduct, renders hers the more unreasonable, and the more open to the suspicion of insanity. Justly or not, she believes that she has been wronged, and this belief leads her to take life. The question at issue, is, whether in so doing, she has acted in a spirit of revenge, natural enough under the circumstances, however reprehensible, or from the promptings of insanity. The ends of justice require that this question, and this only, should govern the verdict of the jury.

THE MENTAL OPERATIONS IN HEALTH AND DISEASE.*

TRANSLATED FROM THE FRENCH FOR THE AMERICAN JOURNAL OF INSANITY.

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We have already seen that the sensorial perceptions leave after them weak and undefined images, which become an integral portion of our ideas. It is the same with the motor impulses; they also leave behind them, in the muscular activity, slight traces which are added to our perceptivity in the form of perceptions of motion. There is between perception simply and the nervous irritant which provokes muscular contraction, an intermediate region, for which we have no suitable name, but

* Continued from page 332, Volume XXII.

in which the impulses determining the series of particular muscular contractions are arranged beforehand in our minds. In this intermediate region are combined, either by a præestablished harmony, or after an order determined by habit and exercise, the appropriate motor impulses, which are transmitted to a system of muscles which, in respect to the separate muscular contractions, constitutes a whole, but in reference to our acts represents only a fraction. This very complicated machinery the location of which, according to results furnished by physiological experiments, and by pathological facts, must be referred to different points of the passage of the prolongation of the anterior column of the spinal cord and of the pyramidal bodies across the gray matter, first in the pons Varolii, and then in the cerebellum and brain, is put in motion on one hand by all the sensitive irritants produced at all these different points. It presides over all the acts and instinctive movements which are entirely independent, or at least nearly so, of the will, and which are consequently brought into play or held in check by this mechanism. But, on the other hand, the general forms of these great motor impulses and their ideal reproduction, are blended also with the mental operations in such a way as to enter into the isolated perception as an essential integral portion. In this way perception itself takes a motor character, a muscular direction, and becomes effort.

The mind never excites the voluntary motions in the sense of determining the contraction of the separate muscles. It is not even conscious of the existence of these muscles; it knows only the internal images which the antecedent series of movements have left upon it—images which, when once they have been transformed

into motor impulses, bring into action, without the intervention of the consciousness, the various systems of muscles, and determine the combined movements necessary in writing, walking, etc. In localized diseases of the brain, of the pons Varolii, of the cerebellum, of the optic thalami, and of the corpora striata, we generally observe derangements of this mechanism—the movements no longer correspond to the perceptions. Sometimes complex movements, determined by morbid irritation, are produced involuntarily; sometimes by reason of mechanical injury of the cerebral substance, the mind can no longer control the muscular acts, as in paralysis of one half of the body, in cases of effusion into the corpora striata. Under the influence of this double cause, we sometimes witness very limited lesions of motion, as of the organs of speech, which prevent the patient from using the words he intends, or otherwise compel him to use those which were not in his thoughts.

The blending of these general forms of motion with the perceptions is the condition which must necessarily run through every manifestation of our intellectual life. But that the psychological acts should tend to express themselves or be manifested by an act of motion, depends upon the general fundamental fact that the peripheral irritation is transformed into a motor impulse. At different points of the psychological life, different consequences result from this law of the organism. In the spinal cord, centripetal impressions, not yet perceived, determine irregular movements of certain muscles or groups of muscles, constituting reflex movements of the simplest kinds. All the organs of sense are provided with muscles which, when the sense receives an impression, become the seat of reflex movements, entirely in-

voluntary, but corresponding to the sensorial impression which excites them, and which really augment the force of the impression. Even the more considerable mechanism, which contains in itself the motor impulses determining whole series of combined muscular acts, and which are directly concerned in the movements of the whole body, even this mechanism is put in motion by sensorial impressions, after the simple manner of the reflex acts; sometimes in an irregular way, as in the sudden starting produced by a violent sensorial impression; sometimes, on the contrary, after a more harmonious fashion. Movements of the latter description are partly excited by sensations coming from without, as we see in the measured movements we make in listening to music. But in addition, the sensations which call the muscles into action, exist already in our bodies. The sensations coming from the whole organism, but especially from the viscera, the intestines, and from the genital organs, in the form of sensual desire, impel us to act sometimes feebly, at others impetuously. Among animals, these sensations rule in full force, and constitute the principal element of their mental existence. They impel them in their migrations, and determine all the great series of movements which they accomplish. In man, the direct transition of these sensations into motion is submitted from a more elevated point of view to the influence of reason; duty and morality intervene, and moderate and govern our impulses. But there are situations when reason loses its power. The insane, among whom the influence exerted by reason over the instincts is weakened, while on the other hand, the sensual impulses are perhaps exaggerated, often manifest their eagerness for food, or their sensual instincts in the

most shameless manner. Certain examples of shipwreck have proved that hunger, when extreme, repels every idea of morality and disinterestedness, and without going to the extent of adducing these examples of savage cruelty, it is a true observation, humiliating though it be to make the confession, that hunger and love are the most powerful motives that direct all our actions.

Among animals, the direct reflex action from the spinal cord to the brain is much stronger than in man. All their perceptions tend to transform themselves directly into motion; pure and calm perception seems to be unknown to them; all their psychical life is connected with efforts in an outward direction. In man, the more these motor impulses are under the dominion of reason, the more his mind is accessible to calm reflection, the less readily these impulses are transformed into movement, and the more energetic and developed his intellectual life also becomes.

The excitement and necessity of action and muscular effort, which are produced by sensible impulses, coming from the organism itself, the most simple and intelligible of which are hunger and the sexual impulse, are designated by the name of instincts. The instinct observable in many animals is, on the contrary, in regard to its origin, entirely obscure and incomprehensible. It is not always, at least in man, the sensation alone that constitutes the essential cause of the instinct, but the obscure movements of perception also, which are connected with the sensations, and are even excited by them, movements which are designated in part as emotions, but which may include no distinct idea of the object to which they refer.

All the instincts in man belong essentially to the brain, and not to the peripheral nervous system. The point of departure for sensations of any given class may be found in the most distant parts of the organism, but they may not affect the mechanism by means of which the complex movements are executed, and this obscure perception cannot touch upon the sensations anywhere else than in the brain; it is by the simultaneous action of the brain and the peripheral nervous system that the sensations are transformed into instincts.

We hear also of spiritual and scientific instincts, the family instincts, love of children, etc., by which is meant the necessity for certain acts produced by masses of particular ideas which have become persistent, but which do not take the form of isolated and distinct perception, which act upon us collectively, and with the obscure idea of a simple sensation.

In desire and instinct, when not immediately satisfied, certain trains of ideas referring to the objects to be attained, contend with the objects opposed to their accomplishment, and by this means the equilibrium in the relative intensity of the ideas is more or less altered. In this way the instincts readily give rise to emotional states of variable strength and persistence, and as the impulses and sensations thus awakened come to be united to the perception, the latter receives an element of motion, which tends to manifest itself outwardly—there is a certain warmth and glow in the thoughts, and this blending of the instincts with the perceptions gives rise to mental conditions altogether strange and unusual.

The conditions of the commerce of the sexes is an example of this. The æsthetic pleasure experienced in

seeing a person of the opposite sex, and the belief in the perfection of that person, are received into the consciousness, together with a blending of sexual feeling and excitement in this novel state of the mind, to which the name of love is appropriated, and which when the sexual feelings become extinct, disappears entirely.

There is nothing unreasonable in referring the seat of the sexual instinct to certain portions of the brain; these may possibly be those portions where certain nerves of sensation and their central expansions, those, for example, of the *par vagum*, and those of the sexual organs, encounter the motor apparatus. But at present it is not proven, or likely to be so, that those points of contact are situated at any portion of the surface of the hemispheres.

Among the insane, hunger and the sexual passions are very often manifested in a most degrading manner; and besides, it is also very common to see new dispositions arise entirely foreign to their former habits of life, impelling them to certain acts, such as constantly collecting and hoarding up quantities of all sorts of rubbish, rags, feathers, paper, etc.; acts which recall the instinct of acquisitiveness, and other instincts proper to certain animals, and which, in regard to their psychical origin, are as singular and unaccountable as the former. In general, the actions of the insane in those forms of the disease in which the patients give themselves up to every kind of disorderly actions, take a character, as Jacobi has truly remarked, almost entirely instinctive, and it is very remarkable that the expression of countenance of these patients and their actions, often strikingly resemble the appearance and conduct of animals.

In the instincts it is not clear and distinct ideas, but rather feelings and emotions, which provoke the motor impulses, and thus determine the action of the motor nervous system upon the various systems of muscles. But when distinct ideas of which we are conscious, by blending with the motor impulses, excite the muscles into action, we give the phenomenon the name of volition.

This constitutes, at least, the most simple and essential condition of the will. Here the motor impulses are no longer the result of sensorial excitement—they are determined by motives, that is to say, by complex ideas present in the consciousness, though in their lower grades, motives are still related to sensorial impulses. Essentially the process is the same as in reflex action.

In a former essay on psychology, I described the movements of the will as being a regular gradation of acts submitted in their course to the same principle, from the most simple reflex acts up to voluntary acts, of which we are the most conscious, and I was the first to discover this fundamental principle of all psychical life. Among men of science we find essentially the same idea in a thinker, who certainly assigns to the will no inferior place. (Schoppenhausen, *Ueber den Willen in der Natur*, 2 ed., 1854.) I have been also much pleased to find the same general idea in the remarkable work of M. Schiff, (*Lehrenbuch der Physiologie*, 1858.) I have also noticed, in the first named work, the doctrine that insanity depends, in a great measure, upon perturbations supervening in the normal psychical reflex acts without the will, in its most elevated region, being always attacked by the disease. M. Guislain, (*Leçons Orales*, t. II., p. 169,) entertains the same opinion on this point.

These motor intuitions are associated with distinct sensible perception; but in the perception which consists only in the general ideal impressions indicated by words, motor images may also enter. But they are only general obscure impressions, resulting from very complex motor impulses whose elements are not yet distinguished and which only exist in a state of combination. To realize intelligible perception, it is necessary that this combination shall be resolved into a number of distinct images of motion, which before were confused together.

It is thus whenever we desire anything purely ideal, when we wish to be virtuous, to pass an examination, that is to say, when we wish to realize what is meant by virtue or by examination, when one really desires a thing and not merely thinks about it, there is always mingled with the idea of the thing an obscure mass of motor intuitions, which, as yet, exist only in bulk, and which must in the attainment of the object be resolved into a composite volition. To desire an object is to desire successively all its parts in detail, and this is resolved finally into an infinite number of isolated movements.

Ideas are transformed into effort and volition by the fact of an inward force in which we recognize in the region of the will itself, the fundamental law of reflex action. We will because we are forced to will. In the normal condition, this force impels a man to express his ideas, to realize them by acts, and thus give them a definite form. When this is done the mind is relieved, unburdened. By this act of expression, it is delivered of a weight and its equilibrium is restored. This is a remarkable fundamental fact of the psychical life with which every one is familiar from having experienced it. This fact is as well exemplified in the artist whose ideal,

whose desire of discovering an "unknown world" has occupied him unceasingly for years, but whom success and the completion of his labor leave cold and indifferent, as in the wretch whose mind has long struggled against the thought of a crime, but to whom the accomplishment of the act, restores for a time, calmness and tranquillity.

There is also a memory of effort and of will—a reproduction of motor impulses which in certain conditions always returns to mingle with our ideas. This reproduction varies greatly in different individuals, in respect to the facility and energy with which these impulses are manifested. This may vary from simple apathy to complete absence of the will.

Every mental effort, the impulses and the will, represent the centrifugal motor force of the activity of the mind. The individual composition of this phase of the life of the mind forms, in great part, that which is called personal character. These facts have also a great analogy with those which are observed in the musculo-motor nervous system, while simple perception has more points in common with the phenomena which belong to the nerves of sensation. Thus we find in mental effort the same categories which designate as so many general expressions certain states of muscular movement, fatigue paralysis of motion (feebleness and impairment of the will), tonic convulsion (the mind fixed upon an object but without an effort to secure it,) convulsive movements (impulses arising under the influence of disease, constant morbid excitement, various appetites, etc.) It is very noticeable in mental disorders that this motor aspect of the will and the musculo-motor functions, are both affected in the same way. We thus have at the

same time absence of the will and slight paralysis of motion, and a morbid exaltation of the will in cases where muscular action is much stronger and more vigorous than in the normal condition, as in mania, for example, or the patient passes suddenly from one to the other of these conditions, as in epilepsy followed immediately by a state of psychical convulsion—a violent attack of mania. Weakness of the spinal cord is also very generally accompanied with feebleness of the will, with discouragement and want of intellectual energy.

As the sentiments and emotions are more readily transformed into desires, as they are the more active and energetic, so also the ideas are more readily transformed into will as they are stronger and more persistent. It is thus that ideas which are very strong tend to pass forcibly into acts. Happily, the intellectual activity takes care that all perceptions do not attain to this degree of intensity. In fact, agreeably to the law of association of ideas, the latter are attracted by their opposites, and in calling up analagous ideas, also, a conflict is produced in the mind. All the trains of ideas representing the conscious self, the *ego*, are brought into play, and after having repelled or favored the first idea, it ends by coming to a decision. The fact of this conflict in the consciousness which is finally decided by the *ego*, constitutes the moral liberty of man.

It is an error to suppose an absolute freedom of the will as well as the results which must be admitted as a consequence. Liberty is always conditional, and each one has it in different measure. Originally, man is not free; he is only so in consequence of a mass of associated ideas, which ideas have a mutual reaction on each other, and thus form a solid nucleus—the *ego*. There

are, therefore, two general conditions of freedom of the will. On one side, an association of ideas formed freely and without opposition, in the midst of which, about the ideas present in the mind, which are even actually being transformed into will, new ideas may come to be grouped, which sometimes are in opposition to the first. In the second place, an *ego* of suitable energy which can decide after strengthening some of the motives presented to it, and on the contrary, repelling others. In the case of individuals of limited intellect, whose minds act with hesitation, moral liberty is lost in the habitual monotony which seems almost like a dream. The man of feeble intellect is less free, because he has no active association of ideas, and because opposing ideas arise very slowly, or not at all. The child is less free, though his perception is very active, because his *ego* is too devoid of energy to put into action trains of thought sufficiently connected.

It is of the utmost importance in a medico-legal point of view for the physician to be well instructed as to the nature of moral liberty—a subject that has been so often obscured by an abstract way of treating it, and this is the principal object of this paragraph. Moral liberty, then, consists essentially in a convergence and transformation of each act of the will, of each group of ideas present in the mind by other ideas, and chiefly by the whole connected train of ideas of the *ego*, in the empire of the *ego* over actually existing tendencies, and especially in the possibility of the command over ones self. The more

compact and homogeneous the *ego**: the more firm and decided the character, the more firmly it places its veto or its approval in the embodiment of ideas which it finds in a state of fusion. Hence the proposition, "true liberty consists in limitation," must be understood, especially of this convergence of ideas realized by the *ego*. Where there is no limitation, ideas continually arise, often excited merely by sensorial stimuli or running through the mind capriciously, press themselves without opposition towards the motor phase of the mind, and impose themselves on it. Organic influences of various kinds may diminish, fetter or completely abolish this convergence of ideas by the *ego*.

When a man makes moral considerations the rule of his conduct, he can only do so by *custom and constant habit*. He connects ideas relating to the law of morality in such a way, that at each energetic movement of the

* To render the sense of the author more clear, Dr. Baillarger adds the following passage from Joffroi: "A very remarkable fact is this, that in men who ignorantly neglect the control of certain faculties, these faculties become habituated as it were to their independence, and will not allow themselves to be subjected again to control and governed anew without incredible resistance. Thus, when we have formed the habit of allowing our thoughts to wander without control, it is only after great labor and by sustained efforts that we can succeed in fixing them and applying them to any object whatever. They escape from us at every turn, and we are obliged to go after them and bring them back, and to place the whole weight of our authority upon them before we can bring them into submission. It is only this neglect that prevents certain persons from restraining the enthusiasm of their sentiments. In general, the authority over ourselves can only be maintained by constant exercise. It is only by the same means that it can be strengthened and become habitual. The measure of this authority is that of the dignity of man, because this authority is manhood itself."

will, these ideas are at the same time called up in his consciousness, they constitute, in fact, an essential constituent portion of the train of ideas of the *ego*, and when a conflict arises in his mind, these ideas not only immediately present themselves, but exert a powerful influence on all that constitutes the *ego*. In the criminal, on the contrary, the ideas of love of self and of enmity towards others become more and more confirmed in his mind in such a way that they always come uppermost, and there is thus formed in his mind a ground work of ideas, the weight of which always leans toward the wrong side. Let no one suppose that the criminal must of necessity, therefore, do wrong in every case. Even with him the association of ideas is active, and when it presents to his mind ideas which contrast with his evil thoughts, the motions of a stifled conscience, the pictures and half forgotten memories of better times, and the good counsel received in his youth present themselves to his mind, and the struggle may be severe. The mind may, after all, incline to the evil side; if it leans to the good, the man is not a villain, but simply one whom it is doubtless best not to trust too far, but one who nevertheless has bravely triumphed over his evil desires. But one can never calculate beforehand the strength of the moral considerations which oppose themselves to a wicked act; there are no absolute criminals, the benevolent dispositions are first in point of time in human nature, and there are no men in whom they are completely suppressed. The history of crime shows that some youthful recollection, some old saying, or the verse of a song intruding themselves on the train of thought, often forcibly recall the ideas of morality, dormant before, and inclines the balance to the right side. If there ever ex-

isted such a character as the old Cenci in the drama of Shelly, we might say in advance that his every determination must be bad ; but such a man never existed, and no sane man was ever driven to the commission of a crime.

The normal reciprocal action of the intellect, which causes existing ideas to excite others opposed to them, or which generally counteract the first, which also causes all the ideas to be produced with moderate force and activity, so that there is generally a contest among them in the consciousness, and thought and deliberation are thus produced, constitutes the state of reflection. It is manifest that this is one of the essential conditions of all moral liberty.

But there are conditions in which the power of reflection is enfeebled, or entirely destroyed. This is the case, to a variable extent, in the violent emotions even in a state of health, and also in nearly all diseased conditions of the brain. Intoxication by alcohol, sympathetic cerebral irritation, organic diseases generally, of the substance of the brain, and especially those diseases of the brain with which we are occupied in the present work as mental diseases, disturb the freedom of the play of the intellect, and consequently limit the power of reflection, or destroy it altogether. But all these affections do not produce this result in the same way. Sometimes the cerebral disorder increases directly some one or other of the propensities or instincts, which are then transformed into volition and action without other ideas arising to counteract them ; sometimes the ideas succeed each other with such rapidity that during their continuance no new idea comes up of sufficient strength and persistence to produce even the beginning of a strug-

gle in the consciousness. These two modes are frequently observed in mania, in which we often see, as in the last named condition, the slightest excitement from without determine the nature of the acts. Sometimes perception is so dull, and the mind so enfeebled, that on this account the conditions of an inward struggle are wanting, as in dementia. In other cases, in consequence of cerebral disease, certain false catenations of ideas, certain erroneous impressions become so persistent and are so intimately mixed up with the whole mental constitution, that their opposing ideas are completely effaced from the mind, which they influence in all its decisions, so that the *ego*, thoroughly deceived by these fixed ideas, is always compelled, as it were, to determine on their side. This condition is seen in monomania, (*folie systématisée*,) and also in certain states of mania and melancholia. Among these patients decision and action are often accompanied with the greatest calmness and deliberation, and with a choice and contrivance of means which appear perfectly adapted to the end in view, and yet with entire want of reflection, because the false reasonings have acquired the strength of irresistible convictions, and the patient was utterly unable to free himself from their influence.

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able to point out other trains of thought which have taken their place.

In all mental diseases, reflection is primarily and of necessity affected, and also, as a consequence, moral liberty. This deprivation of liberty does not manifestly constitute the essence of the morbid process; it is only a result, which we express by an abstract term, of various psychical disorders, and which can never have the importance of a diagnostic sign. Among the insane, reflection is impaired in different degrees. There are conditions which can never be separated from insanity, but by violently separating that which constitutes a whole, such, for example, as many states of confirmed hypochondriasis, whose initial periods often continue for a long time with a moderate degree of intensity, in which the patient possesses the power of reflection but little impaired. Mental disease and absolute privation of liberty, do not, therefore, mean the same thing, and when a physician is called upon to give an opinion on these conditions, he ought not to allow himself to be pre-occupied in a general way with these abstract ideas, of which ought to be widely separated, of mental disease or integrity, of liberty or the want of it. He ought, on the other hand, to study the symptoms the patient actually presents, in a psychological point of view, to analyze them and weigh their results. But to do this properly, a psychiatric education is doubtless necessary, which unhappily is rare.

This would be the proper place to treat the question of criminal responsibility, but it does not enter into the plan of this work to go deeply into this subject; the elements necessary for understanding it may be found in what we have said in the preceding paragraphs. When

the question of responsibility is raised, medical experts have heretofore generally conceded the point of answering to it. But according to the strict nature of the case, it is not the province of the physician to decide questions of a purely judicial character; his mission is simply to furnish to the judge, whose business it is to state the question to the jury, thoroughly elaborated materials relative to the case. The physician may, therefore, if he considers it his interest to do so, decline to answer the question of responsibility, and I have myself, in a celebrated cause, explained that if the question of responsibility was put to me, I would not answer, not considering it a medical question, and the question finally was not put. What is the question then that ought to be addressed to the physician? In the great majority of cases, it is evidently to inquire whether, in such or such a case, there exists a morbid condition which, in a general way, has impaired the mental integrity of the patient, and which has deprived him of moral liberty, or (it is necessary here to speak of degrees,) which has done so to a greater or less degree, or which was simply capable of depriving him of it. In answering this question, the physician stands on his own ground, and this is all that can be asked of a professional man. If it is impossible, in the present state of science, (I speak now of the qualified physician,) for him to answer accurately to this question, let him always say so, frankly, regardless of consequences. He has no other interest than that of truth. He should not undertake things beyond his province and for which he is not responsible, such as for example, to decide whether justice ought to be executed on a person admitted to be insane, or whether the punishment is proportioned to the offence, etc. The

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jury is not bound by the opinion of the physician, which is only one of the elements that must go to influence their verdict. It would be a monstrous thing if medical testimony, often so confused and contradictory, should exercise a controlling influence in the issue of criminal trials. Let not physicians think from this that the influence of their science is therefore lessened. This influence is so much the greater as the physician remains the more strictly on his own ground, where no one can follow him. The author speaks after a large share of experience in criminal cases.

In the course of our lives, thanks to the progressive accumulation of ideas, there are gradually formed great combinations of ideas, always becoming more and more compactly united. Their peculiarity, in each individual, consists not only in the special character of single ideas excited by impressions made on the senses and by outward occurrences, but rather in the habitual relations of ideas with motives, and with the will, and also in the influences of the entire organism, which have become persistent, and which either stimulate or hinder their production. The infant already receives from his stock of ideas, so far comparatively simple, a general impression, which begins, as soon as the latter possesses the necessary elements, to be designated by the abstract term *ego*.

The *ego* is an abstraction in which the traces of every former sensation, thought and volition are contained, as in an envelope, and which, in the ulterior psychical processes, is constantly filled anew. But this assimilation of new impressions in the preëxisting *ego* does not take place all at once—it grows and strengthens by a slow process, and at first that which is not yet assimilated,

appears to the *ego* as something foreign. At length this is no longer limited to one such combination of ideas and of volitions constituting the *ego*, but there are formed several such combinations of ideas, woven together, co-ordinated and powerful, "two spirits," as Goethe says, (and not two only) dwell in the heart of man, and according to the predominance of one or the other of these combinations of ideas which may then all represent the *ego*, the latter is perverted and deranged. Hence results a contradiction, an inward struggle, and these, in fact, take place in every one who thinks. Harmonious and happy natures reach the issue of these contests spontaneously, because in all these combinations of ideas there are developed unconsciously certain fundamental intuitions, obscure and scarcely capable of being expressed clearly, which appear everywhere, and give to the whole domain of thought and volition an essentially harmonious direction. Faith on one hand, and blind experience on the other, may be noted as examples of these different directions. It is the aim of self discipline not only to acquire these solid fundamental general tendencies, but also to bring them gradually, so far as possible by the aid of reflection, into the consciousness, and thus come to have these first principles of all thought and volition matured and assimilated to the nature of the individual.

The *ego*, at different times, is very different, according to age, to the various duties of life, and to the occurrences and excitements of the moment. Certain combinations of ideas, which at the time represent the *ego*, are more developed than others, and take the first rank. We are "another and yet the same." My *ego*, as a physician, as a philosopher, as a sensualist, and as a moralist, that

is to say, the combinations of ideas, inclinations, and volitions designated by these terms, may enter into opposition with and be repelled by each other at different moments. This circumstance might have for its results not only hesitation and wavering of thought and action, but also an entire absence of energy in each of these aspects of the *ego*, if in all these circumstances there was not a return in the consciousness to some of these fundamental principles.

In respect to the changes which takes place in insanity, one of the most striking and instructive examples of the renewal and transformation of the *ego*, is furnished by the study of the psychical phenomena which take place at the period of puberty. With the entrance into activity of certain portions of the organism, which previously had remained in a state of complete repose, and with the total revolution in the system produced at this period of life, great masses of new sensations and propensities, of vague or distinct ideas and of strange impulses are presented to the consciousness in a comparatively short space of time. They enter by degrees the circle of the old ideas, and end by becoming an integral portion of the *ego*, the latter becomes in consequence something entirely different from what it was; it is changed, and the self-consciousness undergoes a radical transformation. But until this transformation is complete, this penetration and dislocation of the primitive *ego* can scarcely be accomplished without great mental commotion, without tumultuous mental excitement and without the production of multitudinous emotions in the mind. It is thus chiefly at this period that we observe great inward commotions of spirit without any adequate external cause.

It is not without an object that we have chosen this example as a suitable illustration of insanity by its many points of resemblance. In the latter, with the commencement of the cerebral disorder, there is usually developed from within outward, masses of sensations, inclinations and ideas entirely new, and which before were altogether unknown to the patient; feelings of anxiety, for example, connected with the fancied commission of a crime, ideas of persecution, etc. At first these strange ideas were presented to the *ego* as something foreign, which often excited astonishment and dread. Frequently the patient feels this penetration of the circle of his former ideas, as a taking possession of his former *ego* by a mysterious and irresistible power, and the fact of this possession is expressed by fantastic illustrations. But this duality, this unequal struggle of the original *ego* against the new ideas is always accompanied by painful sensations of conflict, and violent agitation and excitement. This is in great part the cause of the fact taught us by experience, that the first periods of insanity, in an immense majority of cases, are characterized by emotional states whose principal character is one of sadness and distress.

If the cerebral disease, the cause of this novel abnormal condition of thought continues, this condition gradually becomes continuous and forms stronger connections with the original mental constitution. As the disease of the brain destroys and completely effaces other masses of ideas which might aid in its resistance, the opposition of the original *ego*—the strife in the consciousness, ceases by degrees, the tempest of excitement subsides, but by reason of these new connections and the introduction of new elements of thought and volition, the *ego* itself is

alienated and changed into something different from what it was previously. Then the patient may become calm, and at times may reason correctly, but these erroneous disordered ideas enter his mind with the force of unquestioned truths, because they have contracted with it very intimate relations, the patient is no longer in any respect what he was before, he is altogether different, his *ego* has become an alien and a foreign *ego*. At other times it seems as though several masses of ideas possessing but little coherence are formed, each of which would represent the individual, and in consequence of which the identity of the patient may entirely disappear, as in cases of monomania and dementia. After this emotional excitement has ended, the resulting mental conditions may properly be regarded as special perversions of the intellect such as are met with in monomania.

We have sketched in a few words the ordinary course of things from the origin of madness to its termination in dementia. What we have said does not manifestly apply to every case, to dementia, for example, supervening on an injury of the head, and even in cases where the morbid phenomena take this course on the whole, there are many intercurrent symptoms and modifications. Thus the ulterior progress of an organic disease of the brain, inflammation of the cortical substance, for example, terminating in atrophy, may cut short the course of insanity so that dementia is established suddenly, there is no time for a new *ego* to be formed, either death or recovery soon ensue.

I would also call attention to the vast importance of the influence which the original mental constitution must exert in these mental conditions. A feeble mental constitution will be more readily influenced by these new

abnormal thoughts, than a stronger one would be. A gradual and imperceptible penetration of the original mental fabric, by the new ideas, will give rise to much less emotional excitement, but as there is less to excite resistance, the mind will be more easily deranged and absorbed by them. Of all other circumstances the duration of the disease is of the greatest importance. The new trains of ideas, will be the more dangerous to the *ego* in proportion as these ideas have already in their character a closer connection with the original mental framework. The mingling is then more easy, but the result is a transformation of the *ego*, less striking in outward appearance. A daily experience confirms in a most conclusive manner the truth of the propositions we have here laid down.

In a healthy condition, the different trains of thought representing the *ego* find an essential element of unity in the common sensibility of our bodies. Although the bodily sensations change in different ways during the course of our lives from disease, age, etc., the totality of the physical sensations always remains as the point of reunion of all the other ideas, as the centre from which the motor acts set out. But there are diseased conditions, and this is very frequent in mental disorders in which the common sensibility of the body is modified suddenly and perceptibly in such a way that this essential sensuous element of the original *ego* is completely changed. The patient is then entirely cut off from his former individuality. He no longer recognizes any one belonging to him, he believes himself to be an entirely different person. It is very important to distinguish this change from the transformation the *ego* undergoes when it is merely possessed by new ideas and aspira-

tions produced by cerebral disease without this radical change in the feeling of personal identity.

A common difference in the mental operations is this, that in certain conditions the ideas flow in a tranquil current, while in others they are accompanied with strong perturbation; and with a general disturbance of the mental equanimity. In the first case the mental fabric representing the *ego*, in respect to the thoughts actually present in the consciousness, acts the part of a quiet spectator; in being perceived the thought affects the *ego* but little, and when even it produces some obscure judgments in regard to the impressions, either pleasurable or otherwise made by it on the consciousness, these are only of moderate force. In the second case, the sudden impression made on the consciousness by the perceptions or by some strong emotion, excites a disordered movement. That is, the impression suddenly excites certain groups of ideas which were previously dormant, and these are followed by others, while others again are promptly repelled, but not without resistance, and the mind is thus necessarily affected either with agreeable or painful emotions.

These *obscure judgments*, constituting mental pain or pleasure, are the basis of all our *sensations*. The sensations are closely connected with the ideas, and it is through them exclusively that we are made conscious of the conditions of tension and of movement which belong to certain ideas, of the degree of freedom of their movement, of the helps or hindrances they meet with, and of the kind of mutual reaction they produce on each other. The ideas whose conditions of movement are thus known to us, may be perfectly clear and strong, but they may be also very obscure and indistinct.

In regard to the influence, especially which the bodily organism exercises over our temper and disposition, it is often impossible to designate accurately the cause of our sensations of pleasure or pain. Sensations of this kind, without a precise object, and all mental states of the same character, such as oppression, irritation, etc., are themselves capable of producing a change in the bodily condition; a morbid condition of the body also changes completely all our feelings; it not only modifies the nature of the ideas, but also their conditions of tension and of movement. On the other hand powerful sensations, though coming from the ideas themselves, frequently also bring on modifications of the bodily sensations, which are quiescent; it is for this reason that certain violent sensations are half physical, half mental, such as anxiety, fright, etc.

Quiet thought may be accompanied with sensation, as for example, scientific investigation, when it has resulted favorably, is accompanied with great pleasure, the pleasure of success. But the sensations are much more acute when, in consequence of a change supervening in the consciousness, the mental texture of the *ego* is subjected to a violent perturbation, and the mind thus receives an agreeable stimulus or a sudden and painful check. The mind is also affected with *emotions*; in the first case they are of an agreeable character, in the second they are painful. In all the emotions the sensations come in as an essential integral portion, but all the sensations do not excite emotions; there are feelings of a durable and solid kind unaccompanied by any emotion, such as self love, patriotism and family affection.

As the emotions have only for their object to bring into the consciousness, the states of tension of certain

mental complications, and the kind of excitement they produce in the mind, the sensations themselves have no positive object that can be rendered into language, but they determine desires, and in their turn are also determined by the latter. The emotions are naturally connected with the sensations because they are constituted by the sudden changes in the relations of tension and of movement of the latter.

Music excites in many persons very powerful feelings, and affords an excellent illustration of the nature of these half mental, half corporeal states. In music a certain alternation in the sensations of sound acts directly without the intervention of the consciousness of the individual upon the internal motor impulses, and incites to muscular action, but ordinarily so feebly as not to produce actual motion. This constant alternation of internal motor impulses, with their tensions and relaxations, produce only sensations, which are, it is true, completely without an object; it excites an inexpressible but extremely superficial feeling of pleasure, without enriching the mind by giving it distinct ideas. Consequently, though this excitement of the feelings is really of no value or benefit to the mind, it may bring with it a certain calm or a degree of excitement in the actual disposition of the mind, and thus act indirectly as a stimulant or an obstacle to it.

Sensation to which these phenomena are referred, bears a very intimate relation with the motor aspect of the life of the mind, with the propensities and the will. Not only do all these emotional states awaken in us tendencies and inclinations either to strive against an obstacle or to obey a solicitation, but observation teaches that the production of emotions is much more ready on the

side of the motor aspect of the will, than in consequence of pure and simple perception.

The mind is much more easily influenced when an inclination is opposed or excited, than when the same states are produced on the side of the intellect, and the deepest and most violent shocks are those resulting from an obstacle suddenly arresting our determinations. When, for example, our calm scientific pursuits are suddenly arrested by an unforeseen obstacle, we may well be annoyed, but when anything opposes our will, when a plan we have determined upon is frustrated at the moment of success, this produces a much more powerful emotion of sorrow or anger. We often see frustrated plans, for example, an uncongenial calling forced upon an individual when he aspires with all the strength of his will to an entirely different pursuit, give rise to painful and persistent emotions and finally to insanity. I knew a man who became insane because he was forced to be a butcher when he wished to become a priest. Similar cases are met with in all Asylums.

To understand what is meant by sensation and emotion, and the place they occupy in the mental life, is very important in considering the question of the intellect and of insanity, which so often and so long consists chiefly in a lesion of sensation. Our perceptions and our inclinations are the subjects of constant changes, but the emotions are not called into action except when the mental texture representing the *ego* is strongly aroused and put in motion, which can never take place except through the means of sensation. In this disturbance of the sensations, that which is affected in nothing else than the habitual calm with which the *ego* regards the existing ideas, nothing but the mode in which the multi-

plied complexities of ideas and inclinations which we find in ourselves mutually react on each other. But this condition of habitual calm is not an absolute stillness or a condition of complete inaction; it is the result of a moderate, mean activity, representing at the same time the medium strength of the psychical forces and the habitual direction of the psychical life—it is the tone of the mind.

The tonicity of the spinal chord, which is manifested in the muscular system as a medium customary degree of contraction, and on the side of the sensibility as an ordinary degree of impressibility to pain and of excitability is the product not of a single sensation or movement, but rather of the totality of sensations and motor impulses which are mingled together in the unity and general mean of conditions of excitement; it rests on a medium quantity of excitement resulting from all the nervous central activities united, and this medium state of apparent repose is interrupted in its unity not by each separate sensation or movement, but by all strong and sudden sensations and by all violent movements, such as fatigue, pain, etc. On both hands the tonicity is more oscillating and variable at some times than at others, according to the condition in which the organ is placed; sometimes slight exercise may produce fatigue, pain or convulsions, at times we may be disturbed even by a fly moving on the wall. It is not the common way of expressing it, and it would be to abstract a mode of treating the subject, though correct, to consider tetanus, convulsions etc., as alterations of tonicity in the form of exaggeration or suppression, for unquestionably in these cases the tonicity is affected. Thus in similar states of the mind, mental pain and convulsive agitation of the

intellect, the most striking trouble is the disorder of the sensibilities, and it is principally in this light that we must regard the lesions of the moral feelings and their great importance in insanity.

We say that a man is possessed of feeling when his mind is easily affected and when agreeable or disagreeable sensations are readily excited in him, when he sympathizes readily in the happiness or misery of others, when he is quick to form friendship or is easily affected by dislikes. Though this is really a happy disposition of mind it is nevertheless liable to this danger, that the individual lays himself open voluntarily to these vague excitements and emotions the elements of which are too confused to constitute clear and distinct ideas, that he thus loses the habit of vigorous thinking, and directs his actions and his whole life according to his emotional impulses from the influence of which he can no longer escape. This is *feeling* in a bad sense of the word. A man devoid of feeling is one whose mind is affected with difficulty either by pain or pleasure, either by reason of great weakness or obtuseness of all the psychical faculties, the apathetic phlegmatic man, or because at the first contact of the mind with the isolated perceptions instead of vague emotions, there are produced immediately distinct judgments made up of clear and accurate conclusions—men in whom the intellect predominates. The strong minded man is one in whom there is developed a sustained mental tone, which is not at once affected by every passing impression, he recognizes very well the happy or unhappy occurrences which are accompanied in his mind by a sentiment of elevation or depression of the *ego*; but this does not easily disturb him, it does not produce in him a state of general physical unrest, of unhap-

piness or ill humor; in joy or in sorrow he preserves his mental composure. There is on the other hand a sentimental weakness in which a prolonged but feeble reaction of the *ego* is readily excited, almost every idea produces an emotion, joy and sadness succeed each other with a wonderful facility, and excitement becomes a necessity; the diminished excitability then demands new and powerful stimulants, pleasure is sought in fearful tragedies, and the mind scarcely reaches a state of calmness except in periods of torpidity and exhaustion.

We may readily discover the identity of this last condition with that which in the sphere of the motor sensibility, is designated as *irritable weakness* which is the most important, and in fact the essential condition of many nervous disorders—the spinal neuroses for example. The term weakness is well applied to this condition, for aside from the isolated and local increase of excitability, there is an actual diminution in the intensity of the function. In convulsion the voluntary muscular movement is feeble, and in the midst of constant emotions; the thoughts and the will are torpid and enfeebled. Not only are these conditions often met with in combination, as in the emotional states and convulsions of hysteria, but frequently the two classes of phenomena are produced simultaneously by the same causes; they are followed in their course by the same consequences, and the treatment of both is altogether similar.

On the kind and the form of the emotions, and the facility with which the mind is affected by the emotions and sentiments, depend the manner of the psychical reaction of the man, and consequently his personal individuality. The inner sphere of sensation constitutes, therefore, in great part the essence of the character of

the individual, and the mutability of the emotions does not contradict this view, because the special mode of this succession of the emotions itself has a characteristic value; it is this which gives color and tone to our whole emotional life. The sentiments are a certain manner of life of the mind, of that solid and persistent centre of our individuality in which are fused together the results of all our mental history. The mind, it is true, is shaken, but not compromised or impaired by the emotions; what is it in fact that is disturbed in the emotions, if not the mental fabric, the *ego*? The *ego* may be deranged and completely destroyed, as is not rare in extensive disorganization of the brain—it may succumb and be replaced by a new *ego*, as in monomania, but this only can happen after the emotions which must necessarily accompany the dissolution of the original *ego*, have completely subsided.

The mode in which the mental constitution representing the *ego* is affected by what passes in the mind, determines the character and nature of the feeling of self-consciousness. Slight modifications of this feeling furnish, in their turn, the elements (motives) of different states of the moral feelings. The sudden and violent changes which are brought on by a considerable disturbance of the mental equilibrium are the basis of the emotional states. The feeling of self-consciousness can be essentially but of two kinds—either pleasure or pain—pleasure when the trains of thought composed of the objects which interest our inner life are favored or assisted in their free course and in their mutual relations, and particularly in their transformation into efforts by passing into the consciousness; pain, on the contrary, when they are repelled, suppressed or hindered. From

the slightest change in the feelings to the wildest emotions, there are only two things possible: either a condition of stimulation or expansion of the *ego* in which the mind is satisfied, and for this reason bears itself *affirmatively* in regard to this new phenomenon present in the consciousness, and seeks to retain it there; or, on the other hand, on a state of embarrassment, oppression or restraint, in which the trains of thought of the *ego*, arrested and turned back in their course and in their transformation into effort, are immediately turned away from their object, or seek to carry it by force and perseverance, and in which the mind is affected *negatively* in regard to the new ideas. All the varieties of temper and the emotions are, therefore, divided into two great classes, the expansive, and at the same time *affirmative* emotions, and the depressive, those which are negative and associated with repulsion. To the first class belong gaiety, happiness, enjoyment, hope, courage, arrogance, etc., to the second belong spite, ill humor, depression, sadness, sorrow, shame, fear, terror, etc.

This distinction affords a basis of classification for those states of insanity which consist mainly in the prevalence of painful emotions, and consequently for the primitive forms of mental disorders. Of these there are two principal classes; in one the chief disorder consists in the depressive negative tendencies and feelings, as in all the forms of melancholia; in the other it consists in the expansive affirmative emotions, as in monomania. We have not yet spoken of anger. It holds the middle ground between these two classes of emotions. By its motives it belongs rather to the first, as it presupposes an attack made on the *ego*, but to this attack succeeds a violent reaction of the *ego*, an active expansion, and an

explosion of thought and of effort, by means of which the hostile impression is generally surmounted and the equilibrium established. But in their psychological elements the conditions designated as mania are similar to anger, and the latter find their natural place in the nosological series between melancholia and monomania.

A fact which is important to notice and which distinguishes them very clearly from quiet thought, is that in these states, there are always besides the cerebral phenomena, other organic actions put in motion. The pulsations of the heart, respiration, digestion, the secretion of sweat, bile and urine, are modified by the emotions. When a man is angry, the veins of his face are swollen; he seems even as though he would suffocate. In fear and in terror the watery secretions are formed rapidly; in sadness, the respiration is retarded and insufficient, and must consequently, at times, be interrupted by deep inspirations, sighing, etc. It is thus that the emotions and emotional states give birth, primarily, by the excitement transmitted to the nervous system, to disorders of the physical health. An emotion of short duration only, occurring in a healthy individual, soon disappears without leaving anything behind. On the contrary, when it affects a person already in ill health, and when its causes continue for a long time in operation, there supervene gradually in the organism, very complicated disorders, which the cessation of the emotion will not always cause to disappear, and these disorders may, in consequence of the fresh excitement which they produce in the brain, keep up and augment the existing emotions, and besides, give origin to new troubles of the same nature.

It is a fact proven by daily experience, that when the psychical activity of the brain is influenced by organic phenomena, such as respiration, digestion, etc., this influence is not manifested at once by clear ideas and the addition of new thoughts, but at first rather produces obscure modifications of feeling and of temper, sensations of elevation or depression of the general psychical activity, and thus becomes a fresh source of emotional disturbance.

We meet with examples of this in many diseases. We often see diseases of the heart produce anxiety; disorders of the digestive apparatus, and alterations of the blood, resulting from jaundice, give rise to capriciousness, ill humor, anxiety, surliness, dulness of thought, general discomfort, etc. The feeling of health or of disease has ordinarily a very great influence in giving to the thoughts a lively and joyous turn, or, on the contrary, a sad and discouraging one. When exterior causes of a kind likely to produce an emotion, come to act on us, it depends chiefly upon the actual condition of the brain, under the habitual or accidental influence of its organic conditions, whether an emotion is excited or not. A painful emotion, produced by an exterior cause, has much more influence on a person already predisposed by the existence of a physical disorder, and produces a much more durable effect than if it had occurred to an individual who at the moment was in a condition of gaiety and physical well being.

These considerations compose some of the most important elements of the pathogeny of mental diseases. They explain the predisposition to insanity, resulting from an infinite variety of physical disorders, and the mode of operation of the moral causes. The latter,

especially, very rarely give rise directly to insanity; much more frequently they cause it secondarily by the intervention of other derangements; for example, in consequence of prolonged sorrow the nutrition is seriously impaired, and in this way the sorrow reacts upon the brain, and through it on the psychical manifestations.

In the emotions, calm and deliberate thought is an impossibility. The mind itself being in an excited and agitated condition, cannot maintain the calmness necessary for appreciating the facts presenting themselves to the consciousness with the close and undivided attention. The condition in which such an appreciation is possible, and actually takes place, is called *reason*. For this appreciation, and consequently, also for deliberate thought, there is necessary a mutual reaction among the thoughts; points of judgment and of suspense, of union and of examination; it is necessary that opposing ideas should be formed; it is necessary, in fact, that the mind should enjoy the requisite calm. Nothing of this kind exists among the insane. The cerebral disease produces in them tendencies and dispositions which become the point of departure for the emotions; when the latter produce in their turn false judgments, (delusions,) the patient cannot rectify them—he cannot even discover his error; at first, because the persistent emotion does not allow the opposing ideas the calm necessary for their proper development; and the longer it continues the more the consequences resulting from it: the delusions are strengthened and confirmed, and afterwards, because the delusions have come to be an integral portion of the whole constitution of the mind.

In every confirmed mental disorder, then it is impossible for the patient to recognize the error of his morbid

conceptions. This fact is confounded for the most part with the loss of the power of reflection, which we have studied in a preceding paragraph. But by this alone the insane are deprived of their reason, and this, as Herbut has so well said, because "their thoughts are no longer disturbed in their course by an inward or outward strife." Even in a healthy condition, all kinds of whimsical ideas, of false conclusions, and of foolish thoughts, may run through the mind of a sane person, but he can, when not under the influence of any emotion, admit or repulse them with calmness.

The cure of insanity does not ordinarily take place except in the primitive stages, which, it is true, often last for several years, during which the insanity consists chiefly in an emotional condition. The morbid tendencies and emotions disappear in consequence of the removal of the cerebral disorder or of the organic causes which have produced it. The delusions which were built up on these tendencies and emotions ought also to disappear with them, and the healthy exercise of the reasoning faculties, which is then no longer disturbed, ought also to be resumed. But the organic causes of the cerebral disorder only disappear after a period, when the false judgments have contracted numerous ties with the mental constitution of the *ego*, the patient may still be restored; but it is a work which proceeds very slowly and very gradually until the former normal direction of the ideas gathers force, and the connections which the false judgments have formed with the *ego* are loosened and disappear entirely. Some patients do not recover entirely except at home, after resuming their former mode of life and their occupations. But when the former *ego* is vitiated, corrupted, and diseased under all its

aspects by false, morbid ideas; when, besides, the original mental constitution is so completely altered that the patient, without the slightest trace of emotion, has changed his entire personality, and no longer has anything more than a very slight consciousness of his former self, recovery is then almost impossible, and it is only very rarely, by exciting in their minds some violent emotion, and by a sort of mechanical ingenuity, as M. Leuret, for example, has attempted to do, (*Du traitement moral de la folie*: Paris, 1840,) that we can succeed in procuring a noticeable diminution of the symptoms of insanity. And even this obviously does not happen except in cases where the brain has suffered no appreciable organic lesion, when such change has taken place, as in secondary dementia, there is no longer a possibility of recovery.

MOUNT HOPE INSTITUTION—TRIAL FOR CONSPIRACY.*

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In noticing here the subject of the late trial, we do not propose inquiring what were the real motives that originally actuated the authors of this movement. We do not wish to inquire how far prejudice, bigotry, personal malice or self-interest prompted those who first engaged in this combination against the Institution. The object of these remarks is not to reflect upon the

* Read before the Association of Medical Superintendents of American Institutions for the Insane.

conduct of individuals, or to impugn the motives of any particular person, but to show how difficult it is to decide upon the existence of insanity in certain cases, and to trace the lamentable results that may flow from a hasty and mistaken conclusion. We design here to discuss the subject in its psychological relations—to show the bearing the morbid mental manifestations of certain individuals had upon this prosecution, and to point out the pernicious consequences resulting from the prevailing ignorance of the phenomena of insanity.

Nothing will strike with greater amazement the future inquirer into the history of this noted trial, than the fact that persons, either at the time inmates of an insane asylum, or lately discharged from it, should have succeeded so far in imposing upon a body of men, occupying the high and responsible position of members of a grand jury, as to have induced them to make the grave presentments they did in this case. The psychological aspect of the case, therefore, and an elucidation of facts and principles, well known to every expert in insanity, and every Superintendent familiar with the varying shades and phases of insanity, and showing how persons, all laboring under some notable degree of mental impairment, could so egregiously deceive sensible men, will be both interesting and profitable. As an incident too of a remarkable and unusual character in the history of one of our establishments for the Insane, it would seem to be due to this learned body—so deeply interested in all that appertains to the subject of insanity, and so profoundly versed in all the intricate operations of the disordered intellect—to present before it a succinct account of the main facts of the case, and to describe the mental peculiarities of the persons on whose

testimony the late prosecution was inaugurated. This allusion would seem to be the more requisite, because these indictments against us, no doubt, originated in a great degree, in an ignorance of the phenomena of insanity. Had the persons who enlisted in this crusade against this Institution, but understood what curious and deceptive phases insanity is sometimes wont to assume, and what plausible arguments and apparently sound reasoning, persons laboring under a considerable impairment of the mental powers, are capable of exhibiting, they would doubtless have hesitated before admitting their statements and representations as grounds for the most grave and serious accusations. Every one, whose attention has been, in the slightest degree, directed to this subject, must know how readily even the most wary and cautious may be deceived by patients, whose insanity is distinctly recognized by medical experts. And yet, in this case, no effort was ever made to obtain from those, who could alone impart the information, a knowledge of the mental condition of these patients.

No allowance was made for the proverbial cunning of the insane. No suspicion seems ever to have arisen in the minds of the grand jury—a suspicion which the high-wrought and fabulous representations of the persons themselves were well calculated to engender—that they might be but the outpourings of distempered imaginations. Had these gentlemen consulted any expert, in the slightest degree acquainted with the diversified phenomena of insanity, and the deceptive character of the reasoning of many insane patients, he must have satisfied them that their testimony was not reliable. He must have convinced them, from daily observation, and from every hour's experience, how hazardous it would be to

place much confidence in the statements of such cases. The opinion of such a medical expert would have had the effect of silencing the ravings of these cunning patients, and of arresting the unfavorable impression their statements were calculated to produce. Had such an one been consulted, and been permitted to give an independent expression of opinion, with a full knowledge of the real intent and purpose of the examination, he could not have failed to raise a warning voice against the reception of such testimony. The grave mistake would not then have been committed, of turning loose upon society a number of insane women, without stopping to ascertain, from those alone qualified to impart the information, their actual mental condition at the time; without stopping to inquire whether they might not be the subject of a suicidal or homicidal propensity; whether they might not be the victims of some degrading infirmity of our nature, or whether, beneath a fair exterior, there might not lurk some long smothered vicious habit, ready to break out with fresh fury the moment the restraints thrown around them here were withdrawn. In very truth, in several of the cases, these deplorable traits were conspicuously marked. We deem it, therefore, incumbent upon us, in view of the fiery ordeal through which we have been compelled to pass, in consequence of the ignorance, prejudice and folly of the instigators of these charges, and the severe experience and heavy expense to which we have been subjected, to make this exposition of the facts of this case. It may serve as a beacon light to warn our medical brethren, engaged in the same specialty, of a hidden danger ever lurking in their path. It may have the effect of protecting some other institution from a similar calamity, and of inducing greater

caution hereafter, in receiving the declarations of a certain class of inmates of insane asylums, as credible testimony, on which to build a criminal prosecution. On account of these considerations we hope, therefore, we shall be pardoned for bringing this subject before this Association, and beg its indulgence, whilst we attempt to show on what a frivolous foundation these accusations were based, and to prove that the crimes charged against us were but the hollow emanations of distempered imaginations—the shadowy phantoms of minds still affected with an appreciable and well-marked disease.

What then was the origin of these indictments, and what the character of the persons on whose complaints these presentments were made? They originated in complaints made before the grand jury of this city, during the spring term of 1865, by six females. One of these, Mary Fleming, had been discharged from the Institution in May of the previous year. The other five were summarily removed from the asylum whilst under treatment for mental disease—taken before the grand jury in March last, and their testimony received on such questions as were then propounded to them. The mental condition of these complainants, and the amount of credibility their testimony was entitled to, may appear from the following history :

Mary Fleming, of New York, the prime instigator of the whole movement, was brought, at her own urgent request, to this Institution by her brother and sister, in December, 1858. She had been an inmate of Sanford Hall, Flushing, Long Island, since the 10th of February, 1857. Dr. Barstow, the physician of that institution, in a very full deposition, after describing the more striking symptoms of her mental disorder, concludes by

saying, "that at the time of leaving Sanford Hall, Mary Fleming was still in a state of utter mental unsoundness, wholly incapable of managing her own affairs, or even of taking proper care of her own person." She was removed from that institution on the 27th of November, 1858, and was brought on to Mount Hope on the 5th of December, eight days after. In that condition of manifest and declared insanity, she was admitted into this Institution, and came under our professional care. At a later period, in February, 1863, an inquisition was taken in New York before Commissioners by virtue of a commission in the nature of a writ *de lunatico inquirendo*, issued out of the Supreme Court of New York, and she was declared to be of unsound mind, and not sufficient for the government of herself, etc. Her brother, Thomas Fleming, was appointed her committee and guardian. She remained an inmate of Mount Hope, and the Retreat, five miles from the city, until May, 1864. At this time she managed to send a letter clandestinely to New York, and by promising a reward of \$1,000, succeeded in enlisting in her service a lawyer of the name of Torrence. He came on to Baltimore with letters of introduction to prominent gentlemen here; one was to Wm. Schley, Esq., whose services he tried to engage.

Mr. Schley, understanding from Mr. Torrence's statement, that Miss Fleming was placed under control by a competent legal tribunal, refused to enter the case as an advocate, but offered to accompany the gentleman as a friend, to see the patient, which he accordingly did, and they together had an interview with her. Having informed the Sisters of his mission, they communicated it to Mr. Thomas Fleming, her brother and legal guardian, who, at his discretion, removed her to his own home on

the Hudson. Mr. Torrence afterwards brought an action against Miss Fleming, for the recovery of his promised fee of \$1,000, which action was tried before Judge Leonard, June 25th, 1864, and a verdict against the claimant was rendered on the ground that the defendant was legally incompetent to make a contract, thus showing at that late day, some time after leaving Mount Hope, she was still held under guardianship, and was considered of unsound mind. The court had not even then reversed its decree, and she was still considered *non compos mentis*. And yet, by this very person, whose insanity was established by a court of competent jurisdiction, and who was still held to be insane sometime after leaving our Institution, these whole proceedings were originated, and carried forward with a perseverance, vindictiveness and cunning that could hardly be excelled. She had often threatened vengeance against us, and now she gloated in the belief, that a fitting opportunity was offered her, of carrying her threats into execution. She went before the grand jury and found ready ears to listen to her complaints and denunciations. By her statements that body was induced to send for some of the patients of Mount Hope to be examined before this tribunal.

On Tuesday morning, March 27, 1865, Sarah Tuttle was ordered, by the Criminal Court of this city, to be delivered up to the Sheriff, and summoned to appear before the grand jury. Sarah Tuttle had been removed in November, 1855, from the Carmelite Nunnery, and placed, with a certificate of insanity from Dr. Ferdinand Chatard, in this asylum. No one could entertain the shadow of a doubt of her insanity. By the numerous visitors who came into contact with her during this long

period of ten years, and by the long list of convalescent patients who were in daily intercourse with her, all recognized her mental disease, and commiserated her heart-rending misery and despair. She labored under *religious melancholia*. She was eternally lost. She had bartered her soul to the devil. The Almighty had withdrawn his countenance and protection from her, and she was already in the power of the devil. She was firmly persuaded that she was doomed to everlasting misery, and that there was no possible escape from such a destiny. This was the burden of her song, and her mental affliction was plain and palpable to every one. In this condition she was supported here for ten years on charity, and but for the malign influence exercised over her by Mary Fleming, and the efforts she made to poison her mind against the Sisters and the Physician, much alleviation of her deep-rooted sorrow would have been found for her here. But Mary Fleming artfully contrived to inoculate her with her own malignant hate of the Sisters, and to inspire her with the same insatiate thirst for revenge. In fact, this was the labor of every day and of every hour whilst Mary Fleming was a patient here, to protect the other inmates from her contamination. To baffle her in her untiring efforts to inspire the other patients with her own intense malignity and hate, and to quell the strife and insubordination she delighted in stirring up around her, demanded sleepless vigilance. It was the difficult problem of every succeeding hour, to protect other well meaning patients from the ever active spirit of mischief that was the ruling passion of this woman. Sarah Tuttle had been completely schooled as to the part she had to play, and when brought before the grand jury, she quite out-Heroded

Herod in her denunciations of the Sisters and the Physician, and in the heinous crimes and atrocities she accused them of committing. At her instance, other patients were sent for and rescued from what was called their *cruel bondage*. This time, the 29th of March, the Sheriff demanded Mrs. Pumphrey, Miss Kate Schindel, Mrs. Sullivan and Mrs. Dougherty. In obedience to the order of the Court, these four patients also were unhesitatingly delivered up to the proper officers, and they were immediately taken before the grand jury. After a protracted examination, two of them—Miss Schindle and Mrs. Pumphrey—were placed in the custody of the Sheriff. Mrs. Dougherty, *at her own request*, was taken back to Mount Hope, whilst Mrs. Sullivan was set at liberty. Miss Schindle's brother was permitted to visit his sister at the Sheriff's house the same night. He found her very much excited. A more cruel, censurable course, under her peculiar circumstances, could not have been adopted than was pursued towards this unfortunate lady. She labored, as was well known to a numerous connection in Hagerstown, under a form of mental disorder requiring the most careful seclusion and treatment. She had *nymphomania*. By many persons in Washington county she was known to be afflicted with this most deplorable variety of insanity; was known to be at Mount Hope, and by no one was the propriety, nay, the stern necessity of her being placed under restriction, ever questioned or doubted. To turn an unfortunate lady like this, visited in the providence of God with so dire a calamity, loose from all restraint, and to give her up to the wild play, and the full sway of her excited imagination and feelings, evinced a degree of presumption, ignorance and madness never surpassed, if ever equalled.

It was cruel and barbarous. Previous to being taken out, she had very much improved, and had become quiet, cheerful and industrious. Her deportment was becoming daily more and more proper and decorous, and a speedy subsidence of her distressing symptoms was confidently anticipated. She had been now about four months under treatment. The progress of the case had been watched with extreme interest and solicitude. All the circumstances surrounding the case were calculated to enlist our warmest sympathies. Her improvement had become most marked and gratifying. Her general demeanor denoted the most favorable change in her mental condition. Her conduct gave promise of a rapid return to the normal state of her feelings and propensities. In an evil hour, the action of the grand jury destroyed these bright hopes. Behold the result of their reckless course! See the terrible consequences their high-handed measure entailed upon this young orphan girl! Deprived by disease of the constraining influence of reason and conscience, she forthwith entered upon an unbridled course of extravagance and excess. It became immediately apparent that her mind was doomed to certain ruin, unless she could be controlled and placed under proper restraint and treatment. Dr. Dorsey, the family physician, was immediately called in, and he declared it was impossible to manage the case successfully at home. The brother pleaded for permission to return her to Mount Hope. The authorities maintained she was not insane, and threatened him with a prosecution if he attempted to deprive her of her liberty. She became utterly unmanageable, and finally, on Thursday evening, April 8th, ten days after her release from Mount Hope, Miss Schindle was brought back to Baltimore,

and taken to Mount Hope, with a strong certificate of insanity from Dr. Dorsey, and an urgent application, signed by all her brothers and sisters, ten in number, begging that she would be received at Mount Hope, and be allowed to remain there until cured of her malady. They united in the declaration that it was impossible to control her at home, unless she was closely confined, and that they wished her to be taken back to the Institution from whence she was removed. She refused to remain at Mount Hope, and appealed to the Sheriff for protection. Her friends still fearing to assume the responsibility of confining her against her will, and without the explicit sanction of the Sheriff, took her to Barnum's City Hotel, where she soon became so noisy and violent that they were compelled to lock her up. In the morning, at daylight, she was again removed to Mount Hope, when her conduct became outrageous, tearing off her clothing, and destroying everything within her reach. She was infinitely worse than ever, and rapidly her disease exploded with all the worst symptoms of furious mania. Nothing could exceed her agitation and excitement. She broke out into the most violent expressions of rage and resentment against her relatives and friends, uttering bitter execrations, or threatening vengeance and condign punishment against those who were instrumental in controlling her and restraining her in her mad proceedings. Her nearest and dearest relations were the objects of her most vehement displeasure. Her thoughts and feelings were expressed with exclamations and loud ejaculations, with the utmost agitation of countenance and manner, and with the most violent gesticulation and action. She seemed deprived of all affection, of all ideas of right and wrong, of every feeling of shame, of

every principle of delicacy and effeminaey, and of all affection for kindred and friends. The advice, the conversation, and even the presence of her attentive nurse, only irritated and exasperated her. For seven long, weary months she continued in this state of raving madness, and not until ten months had expired was her convalescence sufficiently established to admit of her returning home.

Mrs. Sullivan, another of the five inmates withdrawn from the Institution by the order of the Court, had been received here with a certificate of insanity, induced by intemperance, from Dr. John Whitridge, one of the most prominent physicians in the city. She was declared to be dangerous to her family, incompetent to manage her own affairs, and incapable of taking care of herself. Her mind, there could be no doubt, was sadly and deeply impaired by her long continued habits of excess in indulgence, and it was an act of mercy to her, and of charity to her family, to restrain her in her mad career. The grand jury having concluded their examination of her, opened to her the doors and turned her loose. As was to have been expected, in a few hours she was found to have relapsed into her old infirmity. She abandoned herself with tenfold recklessness and impetuosity to her old habits of vice and profligacy, and it became necessary to confine her in the Maryland Hospital, where, it is presumed, she still remains.

Mrs. Ann Pumphrey, the last of the five, was admitted here from Washington city in November, 1862, laboring under well marked symptoms of mental derangement. She had long suffered with an acute pain at the top of the head. The meninges of the brain, at this point, it was evident, had long been the seat of a chronic inflam-

mation, and her mental powers had become gradually undermined and shattered from this cause. A degree of dementia resulted, characterized by a succession of ever-varying delusions and imaginations. After a very protracted treatment, this physical cause was measurably removed, and her mental faculties had begun to improve. At this critical moment, having fairly entered upon the path tending towards recovery, and exhibiting satisfactory evidence of a gradual amelioration in all her symptoms, she was removed from our care, and placed at the Church Home until the trial was concluded.*

Now these were the unfortunate individuals, and such their mental capacity, upon whose evidence a grand jury of Baltimore city found against us no less than twenty indictments, charging us with crimes, the perpetration of which necessarily requires the basest depravity of the human heart. These indictments were subsequently abandoned by the State, on the understanding that the defence should plead to a new indictment found by the grand jury of Baltimore county, of

* A still more painful illustration of the character of the case, and the spirit in which it was conceived, as well as of the sort of evidence by which it was sought to be established, was furnished by the fact that these sorely stricken females, all mentally incompetent to give testimony in relation to the most simple matters, and physically weak and infirm, were brought from Mount Hope Retreat by the Sheriff, under a summons to testify, and were actually driven in a carriage from that place to Baltimore, and thence to Trusantown, a distance of some fourteen miles. On their arrival at Trusantown, their condition was found to be such that it was necessary to remand them, without examination, over the same long and dreary road back to the Retreat, and this, too, in one of the most stormy days in February. Two of these patients had been declared insane by a jury, and ordered to be confined in an asylum. The other labored under partial imbecility of mind, and remained voluntarily with the Sisters.

"a conspiracy to cheat and defraud the liege inhabitants of the State," etc.

But it will be asked, "Why was there so much complaint made of ill treatment by certain persons who had been inmates of the asylum if there was no cause for it?" Other institutions have had to meet this question before, and the subject is now well understood both here and in Europe. Every physician connected with an insane asylum knows that insane persons almost invariably complain of the unkindness and cruelty of their best friends and nearest relations. Many never recognize the disordered state of their own minds, and never, for an instant, admit the propriety of the course pursued towards them. Hence, they accuse their friends of conspiring against the safety and security of their lives, liberty and property, and bitterly denounce them for having them restrained and detained in an asylum. They never fail to impute bad motives to their friends for depriving them of their liberty and privileges. As long as the mind continues in a morbid state, it is impossible to disabuse such patients of their erroneous impressions. They view the physician, and every one interfering with their demands, or refusing compliance with their wishes, as co-conspirators and enemies. They misconstrue every manifestation of friendship and affection, attribute to treachery and deceit every effort to gratify and please them, and pervert the best intended and most disinterested acts of kindness into something humiliating and degrading to them. They view everything through a distorted medium. Their distempered imagination warps from its plain meaning every act and word. They consider the kind and cautious watchfulness of their attendant as the operation of a combined

effort to accomplish their ruin and destruction. By no process of reasoning can they be convinced that they were ever insane; and their wounded self esteem will not allow them to forgive those who considered and treated them as such; least of all, those who restrained them. They dwell upon the matter until the wrong is magnified into a crime, and the chief business of their lives becomes that of railing at and punishing its authors. They may be sane on other matters, but on this they are sore, disturbed and morbid, if not monomaniac. When such persons leave the institution *imperfectly* cured, they are certain to carry with them a feeling of resentment, both towards those who recommended their confinement and towards those who exercised any control over their wishes and designs. They are apt to carry with them positive delusions in regard to the institution. Impressions made upon their minds in an earlier stage of their malady, are frequently retained for a long time after even apparent recovery has taken place. The morbid condition of their minds too often causes them to interpret erroneously what has passed under their observation, and frequently things having no existence but in their disordered and distempered imagination, are carried away with them and circulated as undoubted facts. They leave the hospital with a sense of having been greatly wronged, of having been subjected to a protracted false imprisonment, and of having encountered every indignity and severity. Their earnest and positive declarations, their plausible representations, and their extraordinary statement of injuries inflicted upon them, and of what they really seem to believe they heard and saw, are all well calculated to impose upon well meaning persons, who have had no opportunity of knowing the

actual circumstances of the case, and who will not even take the trouble to investigate and ascertain the truth. These prosecutions, as every superintendent of an insane asylum knows, almost invariably originate with patients discharged *imperfectly cured*. They are taken away with their minds still warped by disease, their powers of perception, judgment and reasoning still disturbed by some lingering impairment of the mental powers, and their moral sentiments perverted by some remaining latent disorder. Not so with those discharged perfectly cured. Patients thoroughly restored, the powers of the mind completely disengaged from the thralldom of disease, and convalescence established on a firm basis, rarely leave the institution with other than friendly relations with those who were engaged in their care. They invariably express the deepest gratitude, speak of it in the highest terms of commendation, and carry with them the kindest recollections of the friends made during their residence there. This charge of ill treatment, habitually practiced upon our patients, would have been refuted by a hundred competent witnesses and former patients had the trial continued.

But will it be said that any of these patients were detained an undue length of time after recovery, and that hence the charge of false imprisonment was justifiable and right? How often do cases of this kind occur in the experience of every superintendent? A patient is admitted, laboring under undoubted symptoms of insanity. The case is clearly one of mental derangement, and he is placed under immediate treatment. After a time the symptoms begin to subside, and a partial equipoise of the mental powers is effected. He gradually recovers tranquillity of mind, and abandons his more

prominent delusions. But the work of cure is not completely accomplished. Mental health is not entirely established. Some undue exaltation or moral perversion still prevails. Some morbid depression of the feelings, or excitement of the propensities, or some delusion and groundless suspicion of conspiracy still persist. His conduct evinces, in greater or less degree, some departure from the normal state, and the physician is unable to pronounce the case cured. He hopes a little more time will bring about the desired healthy balance of the intellectual faculties, and advises a continuance of the treatment. But the patient grows impatient of further restraint, and takes every opportunity to complain of his supposed unjust detention. His mind is filled with exaggerated ideas of his wrongs and grievances. If liberated at this period, proceedings for false imprisonment are almost certain to be instituted. He readily secures the services of some lawyer, who listens to no explanation of the character of the case, heeds not the feelings and wishes of parents and friends, but at once assumes it to be a case of oppression and illegal detention. The physician of this Institution can have no possible motive for detaining any patient a day longer than is necessary for his good. He has no power to prevent the removal of a patient whenever the friends who placed him there desire to take him out. If he deems their action adverse to the interest of his patient, he can merely give his advice and recommendation. It rests with the friends to remove the patient whenever they think fit. The physician can have no object in retaining a patient after he is restored to reason. He has no pecuniary interest in the establishment. The more patients, the more his

care and labor; the fewer, the less. The greater the number discharged cured, the more it adds to his reputation. In fine, the closest scrutiny into the government and workings of this Institution, we hesitate not to say, will show, that there was not and is not the slightest foundation in any substantial fact, to justify the accusations which have been publicly made, and persistently brought to the notice of the public, that it has ever been used like a Bastile, for the confinement of sane men and women by interested parties, and for wicked purposes. Such ideas are but the offspring of the distempered imagination of some artful, cunning patient, and could never receive encouragement and countenance from any rational man, but for the general ignorance that prevails of the subtle nature of insanity, and of the extraordinary powers of deception and dissimulation possessed by many really insane persons.

But this celebrated case is now happily terminated; and whatever were the hopes and purposes which prompted those who engaged conspicuously in promoting and encouraging this prosecution, they have met with signal defeat and disappointment. Our assailants, refusing us even the poor satisfaction of being charged with the commission of some high offence, sought to prostrate and degrade us in the eyes of all honorable men, by accusing us of the lowest, meanest, and most degrading of all crimes, "*a conspiracy to cheat and defraud, not to cheat rational and intelligent men, but to cheat the most helpless and dependent of our race, the imbecile and insane.*" They sought to prostitute the law to this base purpose. But thanks to the untiring energy, the legal acumen, the profound intelligence and admirable skill of our learned and able counsel, this cunningly devised

and deeply laid conspiracy to degrade the fair name of the Sisters of Charity, and to destroy the usefulness of the institution they had fostered and cherished by their own self-sacrificing zeal, has met with the discomfiture its malignity deserved. They and we shall always remember with the fondest feelings of gratitude, and the deepest sense of obligation, the indefatigable zeal, untiring energy and assiduity with which these gentlemen, Messrs. Wm. Schley, W. P. Preston and R. I. Gittings, battled with our adversaries, and labored to protect and defend us against the false and foul calumny. They taught our enemies, that not only should they not prostitute the rules and forms of law to the base purpose of destroying the innocent, but that under its ample folds, innocence should find its surest vindication and protection. The name of Hon. D. C. H. Emory, Judge of the Circuit Court of Baltimore County, too, will ever be held by us in the highest estimation and the most profound respect. To his strict impartiality, his stern determination to do right, his purity of purpose, and integrity of character, we owe our full acquittal. In this result we have, then, afforded us the most conclusive demonstration that a Maryland Court cannot be prostituted to the ends of either religious intolerance, or perverted and attempted to be used for the furtherance of sordid and selfish purposes, and that the upright and innocent may defy alike the suggestions of slander, and the formal indictments of persecution. His verdict of *Not Guilty* not only furnished to us the gratification of a complete vindication from the ignominious charges brought against us, but strengthened the confidence of the community and of the people generally in the purity of the Bench, and in the power of the law to protect the innocent.

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Traité des Maladies Mentales, Pathologie et Thérapeutique. Par W. Griesinger, Professeur de Pathologie interne, etc. Traduit de l'Allemand (2e Edition) sous les yeux de l'auteur, par le Dr. Doumic, Médecin de la maison centrale de Poissy.

A Treatise on Mental Diseases, Pathology and Therapeutics, By W. Griesinger, Professor of Pathological Anatomy, etc. Translated from the German by Dr. Doumic, etc.

A systematic treatise on mental medicine representing the actual condition of that department of medical science, is a desideratum that has long been felt. The various works published during the last forty or fifty years, though adding materially to our knowledge of insanity, have generally been written with a view of establishing some particular theory in relation to certain aspects of the disease, or have come short of a thorough handling of the subject for want, apparently, of a sufficient power of comprehension to treat the disease under all its forms on any uniform plan. If we were disposed to speculate on this difficulty of treating the multiplied phases of insanity on any comprehensive plan, we might, perhaps, attribute it to the circumstance that hitherto the physical element of the disease has been so imperfectly appreciated. The fact that there is no constant uniform lesion, either of the brain or any other organ to which all cases of the disease can be referred as its anatomical element, has made it difficult to demonstrate in a perfectly satisfactory manner, that insanity is a disease of the bodily structure at all—a proposition

that has been denied by a large and influential class of German alienists; and the want of such a recognized lesion so essential to the unity and identity of insanity as a distinct disease, has led to the detached method in which the different forms and aspects of the disease have been so generally treated.

This difficulty has been met, we think, more successfully in the work whose title heads this paper than in anything heretofore published, and we propose laying before our readers such a brief abstract of its contents as will enable them to form for themselves some idea of its merits. Before proceeding to do so, however, it may be well to occupy a few lines with some account of the personal history of the author, by which his special qualifications for the work he has so well performed, may be made manifest. The following facts in relation thereto are taken from the preface to the present edition of the work furnished by himself:

After a few years in the early part of his professional life, devoted to the care of the insane, he was for many years, besides being occupied with hospital practice and clinical instruction, engaged as a lecturer and teacher of pathological anatomy. During all this time he took a deep interest in everything relating to the progress of mental medicine, was in the habit of seeing and prescribing for large numbers of the insane, and was for several years the principal Physician and Superintendent of the Hospital for the insane at Zurich, where he also established a school for clinical instruction in mental diseases. He has since been called to a professorship of mental medicine in Berlin, where he has charge also of a hospital designed exclusively for diseases of the nervous system. His opportunities for observation have, therefore,

been abundant, while his previous habits of thought have been such as to lead him, not so much to make the study of insanity a specialty, as to regard it as a part of the pathology of the general nervous system. His own views in regard to the proper status of mental medicine are expressed as follows:

Mental medicine ought more and more to be liberated from the narrow limits to which it has hitherto been confined, and to be studied as a branch of the pathology of the brain and nervous system generally, and the same strict rules of diagnosis ought to be applied in it, that are at present employed in every other department of medicine. To be an accomplished alienist, a man must first be thoroughly conversant with general medical science, and especially with diseases of the nervous system. Besides this purely medical element, mental medicine demands another equally indispensable, which imparts its proper and special character to this division of the healing art, and that is the psychological study of the intellectual aberration observed in mental diseases—not psychological in the purely abstract and so to speak metaphysical sense of the word, but rather in the sense of a physiological psychology—a science of pure observation, which in the mental phenomena, both in health and disease, teaches us to recognize essentially the same kind of phenomena as in the other functions of the nervous system. In psychiatry, the medical and psychological elements are equally of the first importance, and if this work has at all contributed to diffusing throughout Germany a taste for the study of mental diseases, it is because these two elements which I repeat are of equal importance, are constantly kept in view.

In carrying out these views, in respect to the proper mode of regarding mental diseases, we accordingly find the author bestowing more attention than is usually done on the arguments which prove insanity to be a disease of the bodily organism exclusively—a purely physical disorder whose seat must be sought for in the brain and general nervous system. When it is remembered that this view of the nature of insanity is the one at present well

nigh universally admitted to be correct, it would seem almost like unnecessary labor to adduce any arguments in its favor. Such labor was, however, more needful at the time of the publication of the first edition of the work (1845,) when the psychical theory of the nature of insanity found more advocates than at present. Even now, though we speak in general terms of insanity as a physical disorder of the brain or of some other portion of the organism, we are still too much in the habit of separating the intellectual element from the other physical disorders indicating cerebral disease, and instead of regarding them as together, constituting the disease to which we give the name insanity, we rather incline to the abstract view of the subject, which regards the mental aberration as essentially constituting the disease, and the other evidences of disordered cerebral action as only accessory or superadded. This view of the nature of insanity appears to be a partial and onesided way of regarding it, and to be attended practically with the serious inconvenience that we may be led by it, in many cases, to consider the disease a much less serious one than it really is. We have seen it stated by very respectable authority that insanity, when uncomplicated, never destroys life, which is equivalent to saying either that it is an essentially psychical disorder, or that when separated from every complication, it is so slight an affection of the bodily structure, as never to be attended with danger to life. We also, frequently, in acute cases, hear a fatal result attributed to "exhaustion from long continued excitement," as if the excitement was something entirely unconnected with any physical disease, or that the latter was of so trifling a character as to have nothing to do with the result. Such expressions appear to

be based on a misconception of the nature of the disease, or to be at least inconsistent with sound views of its pathology, and we think a work like the present, which inculcates clear and precise notions in relation to the physical element of insanity, is especially deserving of the attention of every student of the disease.

The first of the five books into which the work is divided consists, in part, of observations on the proper method to be pursued in the study of mental disorders and of a preparatory review of the anatomy of some of the most important nervous centres, including the spinal cord. It contains, besides, an interesting summary of the mental operations in health and disease, with a description of the elementary symptoms of insanity, and concludes with a section containing a general view of insanity and its diagnosis from other states to which it bears more or less resemblance. The first of these subjects, which we design to notice briefly, is that relating to the proper method of studying mental diseases.

Setting out with the proposition that insanity is only a symptom, and that symptoms can only be profitably studied in connection with the physical disorder in which they originate, Dr. G. proceeds to inquire, in the first place, what is the organ which must always be the principal seat of disease when the intellectual operations are disturbed in their healthy manifestations? The answer to this question will, of course, depend on the organ to which the healthy mental acts are referred, and though efforts have been made to attribute them to the entire nervous system, including the great sympathetic, yet Dr. G. considers the brain to be the seat of, at least,

all clear and distinct thoughts and ideas. We give his own language as follows :

Physiology regards the psychical activity as a special phase of the organism : it sees in the psychical acts the functions of a known organ. Well known experiments prove to us the truth, that if the psychical faculties in the largest sense of the word, are connected with the entire nervous system, the seat of the intellect and of the affective faculties, is in the brain exclusively, and even in distinct parts of that organ. Doubtless the spinal cord and the ganglionic system of the great sympathetic, are not limited to the mere function of transmission, but perform also the functions of central communication and association of vital acts ; still relatively to the exalted functions of the brain, these organs perform only the part of a peripheral nervous apparatus. The different states of the general nervous system in being transmitted to the brain furnish, it is true, certain elements capable of stimulating and exciting the mental faculties—all the peripheral nervous system may be the point of departure for impressions which may modify our instincts and inclinations, and which give rise to perceptions more or less distinct or obscure ; but it is the brain alone that perceives these impressions ; it is in the brain that the influence is felt which these impressions exert upon the whole series of determined and combined movements—upon the voluntary acts, and it is in the brain that the perception and effort which these impressions give rise to originate.

The teachings of pathology are equally clear in regard to the organ to which the mental operations must be referred. Experience has constantly shown that the integrity of the psychical acts depends on the integrity of the brain, though this last may be affected sympathetically by disease in some distant organ. The apparent exceptions in which serious disorganization or loss of substance of the brain, are said to have been entirely unaccompanied by mental impairment, the author considers to be unworthy of credit. He thinks in all such cases, if the examination was made with sufficient care

by competent observers, that mental disorder would be detected.

While on the subject of the location of the disease, Dr. G. incidentally touches on that other question, which at one time was so much discussed, whether the mind itself might not be disordered without the intervention of any physical disease. His belief is, that it really is the subject of disease, but only in the sense of a disordered function. It cannot, in itself, be diseased any more than any other of the vital phenomena or functions can be so, without disease of the physical organs to which they belong, so that we are brought back to the original proposition that insanity, in all cases, must be owing to disorder of the functions of the brain. But if all cases of insanity depend upon cerebral disease, all cerebral disease is not therefore insanity. In regard to their anatomy, the lesions are widely different, says the author, to whose symptoms we give the name of insanity. Simple irritation without appreciable change of structure, inflammation of the cortical substance, atrophy, disordered nutrition, disturbance of the circulation, meningeal apoplexy, simple congestion, etc., all these states, so entirely different, may give rise to symptoms which render it necessary to resort to asylums, and which are described in special treatises as mental diseases. All attempts to separate, by a distinct limit, insanity from other acute and chronic diseases of the brain, as they are regarded anatomically, meningitis, encephalitis, for example, must be fruitless, simply because many cases of mental disorder are nothing else than meningitis or encephalitis itself. All that can be said with certainty is, that the diseased states which give rise to mental de-

rangement are much more frequently diffused than localized in distinct portions of the brain.

We do not give the name of insanity, the author continues, to ordinary diseases of the brain, such as circumscribed inflammation, abscess, tumors, tubercular meningitis, etc., although in these affections the mental faculties are very generally more or less deranged, because, in most cases, other cerebral symptoms—sensorial or motor disturbance—are much the most prominent symptoms; *a potiori fit denominatio*. Nevertheless such cases are sometimes regarded as insanity, and as such sent to asylums, especially when the symptoms from the first take a chronic form, and when maniacal excitement supervenes early. On the other hand it is very common to see in insanity disorders of the motory and sensorial functions, but these come on later, and the psychical disorder takes the most conspicuous place.

But since these two categories are so nearly related, the question naturally presents itself, why is it necessary to make any formal distinction between them? Why not include all in the domain of general cerebral pathology? To this query we have the following answer:

Though this does not seem impossible in the more or less distant future, every attempt made at this time to confound the two classes of diseases, appears to be premature and altogether impracticable. If only we keep in view the essential, intimate connection that exists between mental diseases and other affections of the brain, if in both classes of cases we follow closely as possible, one and the same exact scientific method of inquiry, cerebral pathology has nothing to lose, and may, on the contrary, be benefited by this formal monographic separation of these maladies, distinguished in a symptomatic point of view. Any attempt at such blending would be less justifiable since the place of psychiatry, as a part of cerebral pathology must

be regarded as a recent conquest, and certain practical aspects of mental medicine, asylums for the insane, and the relations of legal medicine, assume an extent and character peculiar to themselves, and which even, as a part of cerebral pathology, would entitle them to special consideration.

It will be seen, therefore, notwithstanding what has been said respecting his previous habits of thought, that it is as a specialist, and as a specialist only, that the author enters upon the consideration of the subject of insanity. He appears to be perfectly familiar with all that is valuable in the literature of the subject, not only in the German, but also in the English and French language. Yet there is nothing in the work that bears the faintest resemblance to a mere compilation. While manifestly influenced by the commonly received opinions—by the common sense, as it were of the specialty, every line of his work bears the impress of original and independent thought. This is especially noticeable in his descriptions, which possess a freshness and fidelity to nature, which make the object described stand out with almost the clearness of a picture. It is interesting to notice also the absence of all tendency to speculation in his manner of treating the subject. He never appears to take pains to explain why a thing is such as it is—he seems always to be less concerned with things as they ought to be, than with them as they really exist. This trait of the author could not fail to inspire the highest degree of confidence in his statements, and no one can read his work with even a moderate share of attention, without being forcibly impressed with the sincerity, earnestness and truthfulness of the writer.

Passing by the chapters in which the author reviews the anatomy of the nervous system, and that on the

mental operations in health and disease, which has been translated, and which appears as a separate article in the pages of this JOURNAL, we shall next briefly notice those on the elementary symptoms of mental disorders and on insanity in general, and diagnosis. We make the following extract:

Before taking up the complicated groups of symptoms which compose the different forms of insanity, we have to make a few general remarks on each of the elementary symptoms, which in the diversified forms of insanity arrange themselves after such different fashions. And as in the cerebral diseases, which we are studying in this work, under the name of insanity, there are as in other affections of the brain, only three distinct categories of morbid elements, viz: lesions of sensibility, lesions of motion, and lesions of intelligence, we shall have to study successively three great classes of elementary symptoms—disorders of the intellect, disorders of sensibility, and disorders of motion.

In all these conditions, the intellectual disturbance is, it is true, much the most striking and characteristic, and it is on that that the diagnosis is based, but we must not, therefore, regard as simply accessory the morbid symptoms which present themselves on the side of sensibility and motion. Sensorial disturbance performs an important part in mental alienation, and the disorders, which are commonly referred to the imagination, belong, in great part, to this category. In regard to the disorders of muscular motion, which at first sight appear to be entirely foreign to insanity, we shall see hereafter that they are of the greatest importance, both as respects the diagnosis and prognosis of the disease.

In regard to disorders of the intellect, the distinguishing feature of insanity, and that, which strictly speaking, constitutes the morbid condition, consists in the essential fact, that certain states of the brain, certain dispositions, sentiments, emotions, judgments and determinations, are produced inwardly in consequence of a diseased condition of the organ of thought, whilst in the normal con-

dition, these different states are only determined by sufficient external causes, and consequently have a certain harmonious relation with the world without. It is not, however, every unfounded or whimsical belief or causeless emotion that constitutes an element of insanity. Every one knows by experience that sometimes without any adequate external cause, a disposition may arise in the mind to gaiety or sadness, to tenderness or acerbity of feeling, mental states which can generally be explained by a slight change in the organism, such as can be detected only on the closest scrutiny. These dispositions of mind do not, therefore, constitute disease when they are only of moderate intensity, when they are of short duration and can readily be kept in subjection by an effort of the will. An extravagant or an absurd idea may pass through the mind of the most rational man in the world. If this idea is only transient, and the mind, by a voluntary effort, succeeds in banishing it, it cannot be called a morbid symptom. In madness, on the contrary, these dispositions of mind, these insane ideas are firmly fixed, because, owing to the duration and intensity of the affection of the brain, they take a stronger and more durable hold on the mind. These morbid dispositions and states of the intellect, resolve themselves into affections of the emotions, of the thinking faculties and of the will, constituting, respectively, *emotional*, *psychical* and *volitional* insanity.

Experience proves, that in a great majority of cases, insanity commences, not with language void of sense, or with extravagant conduct, but with a change in the feelings and temper, and with *emotional states* resulting from this change. The first approaches of insanity are marked by ill humor, discontent, oppression, and anxiety,

which are altogether unaccountable, because the novel trains of thought and the strange inclinations produced by the cerebral affection, are, as yet, for the most part, very obscure, and because the disturbance supervening in the normal current of thought and of volition, and the new psychical element beginning to encroach on the *ego*, are, as yet, only recognized as a general modification in the disposition of the mind and character. The author signalizes three distinct emotional conditions as present in insanity; the first characterized by oppression, anxiety and distress, the second by gaiety and a tendency to levity and extravagant conduct, with exaggerated mental activity, and the third by apathy and indifference—emotional torpor. This obtuseness of the moral sensibility is a condition which in a medico-legal point of view, is very important and sometimes very difficult to detect. It is observed, says Dr. G., as a morbid condition, chiefly in onanists and hard drinkers, and has been so suspected and discovered, especially in cases where it has appeared suddenly. It constitutes an important element in a great number of cases of chronic monomania, (*folie systematisée*) in which everything that ought to interest the patient, except what relates to his delusions and the satisfaction of his bodily appetites, appears to be effaced from his thoughts. There are even cases, in the opinion of Dr. G., in which this apathy and obtuseness of the sentiments seem to be the only symptom. In a remarkable case, the medico-legal examination of which was entrusted to the author, the crime in which a mother had murdered her three children, had its origin, in his judgment, solely in this emotional state.

Psychical disorder shows itself in two ways, the first of which consists merely in a departure from the ordi-

nary mode of action of the mind, so that the thoughts succeed each other with difficulty, or on the other hand, with too great rapidity ; the second in which the mental acts themselves are essentially changed or perverted, giving rise to false perceptions, hallucinations, delusions, etc. To the first of these the author gives the name of *formal*, to the second that of *essential*, psychical disorder. Morbid slowness of thought arises either from violent mental anguish, which entirely fills the consciousness and leaves room for nothing else in the mind, or from actual mental impairment, especially the loss of memory. This condition is most common in melancholia and in dementia. Morbid acceleration of thought, the ultimate tendency of which is to incoherence, is more frequently met with in mania, particularly at the onset of the disease ; and cases have been met with where it was always a certain sign of an impending attack, when the patient manifested unusual vivacity. In regard to the class of essential psychical disorders, the Dr. says :

Mental disease does not necessitate the existence of delusions. Profound modifications in the sphere of the character and feelings, morbid mental tendencies and emotions, general or partial diminution of the intellectual forces may exist in various diseased conditions of mind, either acute or chronic, without the presence of actual delusions. A portion of these cases are included in the category of moral insanity. But experience teaches, nevertheless, that in a great majority of cases a different state of things exists ; that insane ideas, properly so called, make their appearance, and with the appearance of these insane ideas, which can no longer be resisted, constituting actual delusions, the mental disorder, which at first only reached the feelings and emotions, (moral insanity,) has now extended its influence and become insanity of the intellect.

The pressure exercised by the morbid feelings of the patient soon leads to a wrong apprehension and interpretation of outward circumstances, but at the outset, only of those relating to the patient himself

or his immediate surroundings. The morbid processes of thought, or those which are no longer in agreement with the outside world and the previous history of the patient, are generally manifested at first by the patient, according to the law of causality, attempting to explain these dispositions of mind and these morbid feelings. Different motives and outward circumstances, and all the possible recollections of his past life, may furnish him with the most varied materials for these attempts at explanation; and accident, the degree of education, and his general views of life, have in this respect, a very great influence. The same disposition which in the superstitious gives rise to the idea of witchcraft, may make another person believe that he is persecuted by Free Masons, or that he is the victim of secret magnetic influences. Hallucinations of all kinds have also a decided influence as well upon the production of delusions in general as upon their special character; they are so frequent, and offer such powerful and ever-present motives of explanation, that, according to our experience, we ought to be able to find in them the most frequent origin of insane delusions.

Delusions have not always, however, this character of being dependent upon hallucinations and previous emotional states. They frequently arise, says the author, accidentally and unexpectedly in the same way that hallucinations or singular and absurd ideas present themselves to the mind of a man in good health, even in the midst of his most serious occupations; often they arise merely as a consequence of some sensorial illusion, or of dreams, or of some accidental circumstance; whether they assume form and consistence or not depends upon the actual disposition of the patient, and also on the conditions more or less favorable of the connection they may have with antecedent ideas. On close observation, it will be found in many cases that delusions are connected with hallucinations which are not very conspicuously manifested.

The attempt to base a whole class of mental diseases on the existence of single delusions, and to decide that insanity is either partial or general, according as it is manifested by fewer or a greater number of delusions, finds no favor with Dr. G. As showing his views on this subject, we make the following extract :

The fact whether a patient has only a few or many delusions, whether his insanity is partial or general, ought to be taken into consideration in estimating his condition, and ought, at least, to have a certain value in the diagnosis, because the first case is more frequently observed in melancholia and in partial dementia; the second in mania. But it would be an error to attempt to base a classification of mental diseases solely upon the partial or general character of the insanity. Especially would it be a fundamental error to believe in the existence of states of madness in which the patient had only a single and well defined delusion, and was of entirely sound mind in every other respect. We shall see in the sequel that even in the form of insanity, where this condition might most readily be supposed to exist, that is, in chronic monomania, (*folie systematisée*,) there is always a profound inward disorder of the psychical individuality. That which constitutes partial insanity is not that the patient has only a single fixed delusion, but rather that he always dwells upon one in preference to the rest. Such distinctions, besides, are very uncertain. The same patient, in the same form of insanity, may not only change his delusions from day to day, but at one moment may have numerous delusions, when, perhaps, a short time before he raved on none but the single habitual favorite idea.

Much less can Dr. G. sanction the establishment of a class of monomanias based not so much on the presence of a single fixed delusion as upon the exclusive domination of a certain propensity, such as monomanias of murder, theft, arson, etc.

Morbid states of the will, constituting the *volitional disorders*, classed among the elementary symptoms of insanity, are divided by Dr. G. into diminution or

absence, and exaggeration of the voluntary efforts. The former may have its origin in dulness of intellect, or in the want of sufficient mental energy to act out a half conceived design, or, in the language of the author, in a defect of the reflex action of ideas on the motor aspect of the mind. These states manifest themselves under the form of passiveness or apathy, or extreme hesitation, irresolution, and impossibility of carrying out the customary impulses of the will in the habitual occupations, for example, and are very common in the first periods of mania and melancholia. Morbid energy of the will, on the other hand, is manifested by an intense desire, by an absolute necessity for action, for forming plans and carrying them at once into execution. It is often based on a feeling of superabundance of physical and mental vigor, and on morbid excitement of the sentiment of self-esteem. These states are met with under a special form in the monomania of ambition. These morbid states of feeling always bring with them a corresponding effort of the will, and the latter is always clear and strong in proportion as the emotions and hallucinations have provoked clear and distinct delusions.

Morbid impulses of the will, in the opinion of Dr. G., are sometimes the result of states of intense mental anxiety and perturbation, in which the patient seeks relief from frightful ideas with which he is tormented, by the commission of a crime. His ideas on the subject are thus expressed :

This impulse towards a termination, towards any solution of a condition full of torment, is so great that it is not infrequent to see the patient commit actions which to himself are in the highest degree revolting, in consequence of the belief that these acts alone may

obtain for him deliverance and tranquillity. Yet, if we examine closely, as we ought to do, the cases which have been published, in which the insane have manifested their condition by dangerous and criminal acts, murder, suicide, arson, theft, etc., in reference to their causes, the greatest difference in their psychological condition becomes manifest, and it may be readily seen how improper it is to distinguish these cases according to the nature of the acts committed, as special impulses to murder, incendiarism, suicide, etc., or to consider them as simple disorders of volition, (monomania in the sense of an affection of a single faculty of the mind, the will for example,) and how necessary it is to examine them singly, according to the essential morbid psychical states in which they originate.

The tendency to mischief, to break and destroy furniture, tear their clothing, deface the walls of their rooms, to strip themselves naked, to bite or strike their attendants, and to all the other insane acts which go to make up the sum of the disorderly conduct of cases of violent or mischievous mania, the author believes to be generally based either upon some motive of which the patient is conscious, or upon some inward suffering or distress from which he seeks relief in acts of violence and destructiveness, or upon some emotional disorder which impels him to vent his spite by doing all the injury in his power, or he is impelled by hallucinations or delusions of different kinds, and it is very rarely that these acts can be regarded as purely automatic or mechanical. The question of moral accountability does not depend on the ability of the patient to control his morbid impulses; most patients, after recovery, acknowledge that they could have restrained them. The deprivation of moral liberty does not, therefore, result, except very rarely, from inability to avoid the insane act, but rather from the violent excitement of the emotions, from incoherence,

and from false conclusions, based upon delusions or hallucinations.

The second class of elementary symptoms of insanity are those which belong to *disordered sensation*. Of this kind are the sensation of perfect health when the patient is really seriously ill, and those imaginary sensations which lead the patient to regard himself as the subject of serious disease, when the general bodily health is actually but little affected. The most important sensorial disorders, however, are those known as hallucinations and illusions of the different senses of hearing, vision, smell, etc. The form of the hallucination depends upon the actual disposition of mind and the direction which the thoughts of the patient habitually take. There is also a distinction between those which are agreeable and those which are distressing in their character. They are very seldom indifferent in their nature. The patient affected with melancholia, often hears reproaches and threats, or voices which command him to do some atrocious act. In the maniac, the hallucinations keep up and increase the excitement; in a word, the emotion which rules the patient determines the form of the hallucination. As regards prognosis, it is worthy of notice that when hallucinations are dependent on a well defined emotional condition, they are susceptible of cure at the same time with the emotional state in which they originate, while those which may be called self-existent, which have no connection with the emotions, are very seldom removed, but generally end as a constituent element in confirmed chronic monomania.

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called insanity, because they are among the strongest proof of its connection with disease of the nervous centres. They are also valuable as indications of an unfavorable termination in certain forms of insanity; those connected, for example, with epilepsy and general paralysis. There are other muscular disorders, also, such as a general atony of the muscular system and the muscular rigidity, observed in catalepsy and ecstasy. General muscular rigidity, when transient in its duration and of only moderate severity, may occur in the mildest and most curable forms of insanity, and is by no means an unfavorable symptom. The case is different, however, when local contractions are alternated from time to time with paralysis; or, on the other hand, with partial or general convulsions. Persistent automatic distortion of the features, strabismus, contraction, or dilatation of the pupils, painful cramps of the muscles of the neck, disordered movements of the limbs, which give to the gait a peculiar irregular or jerking motion—all these manifestations are unfavorable, and indicate generally that the disease is incurable. Constant trembling, grinding of the teeth, chorea supervening in adults, circular automatic movements, and walking backwards when it cannot be controlled by the patient, are generally indicative of a serious organic lesion of the brain.

The fifth section of the first book treats on the analogy between insanity and different states to which it bears resemblance, and upon diagnosis. The following comparison between insanity and febrile delirium is interesting:

Though febrile delirium is generally rather a state of incoherence merely than one of disordered emotions, yet it is usual to observe that the different hallucinations and false ideas connected with it are

only the expression of a predominant state of thought, sometimes permanent, sometimes transient, and that the false ideas or hallucinations are connected by the unity of the dominant state of mind. We also see in this affection that the particular subject of each of the images called up in the mind, and each of the false ideas, are generally determined by accidental circumstances, by the physical wants of the patient, by the paper which covers the walls of his room, or by the recollections suddenly presented to his mind. We can also, in febrile delirium, discover the same fundamental psychical differences upon which are based the division of mental disorders into their different forms. There is a melancholic febrile delirium, another maniacal, a third presenting the character of partial dementia, in which the false ideas are limited to a narrow range without perceptible emotions, and finally, a demented febrile delirium. There are also conditions which predispose to a degree of delirium, in all febrile affections, a certain peculiarity of constitution, causes of previous debility, and also, perhaps, hereditary influence, conditions which are also met with as predisposing causes of insanity.

Although febrile delirium is generally distinguished from insanity by its shorter duration and by its sudden explosion without any previous warning, by its symptomatic character, and finally by the actual presence of considerable fever, and though in febrile delirium, by reason of its brief duration, there is not that change in the character of the patient which is observed in so many mental disorders, nevertheless, as regards their nature—nervous irritation of the brain, and doubtless especially of its surface, hyperæmia or inflammation of this portion of the brain—as well as regards their cause, irritation, sympathetic, with that in some other organ, disordered passions, anemia, intemperance, etc.—these two affections are one and the same. There are cases of transient insanity of very brief duration, there is also insanity accompanied with fever, and it is not uncommon in this disease that the mental disorder is only sympathetic. It is only reasonable then to give the name of delirium to the intellectual disturbance of the insane, and there is no reason for adopting the opinions of Georget and Burroughs, representing the specific difference between febrile delirium and mental disorders.

In regard to diagnosis, we believe the difficulties, in a medico-legal point of view especially, which are so

often encountered in establishing the existence of insanity in doubtful cases, are greatly diminished by the way in which the subject is treated by Dr. G. So long as the proofs of insanity are made to depend upon abstractions, upon mental states simply without reference to the physical conditions present in any given case, the differences between the medical and legal professions, arising from the different points of view from which they regard these mental states, must always continue, but the moment it is settled that insanity is a physical disease exclusively, and the proofs of its existence must be sought for in disordered states of the bodily organism, the question becomes one in which lawyers and judges have no longer any concern. It is one which can only be decided by the *medical* profession. Upon this aspect of the case, however, it is not our purpose to dwell. In its purely medical aspects, difficulties are sometimes met with which are illustrated by a statement of Dr. G., that he had had presented to him the report of specialists who, after having a patient under their care for half a year, were unable to decide whether they ought to declare him insane or not. He also mentions cases in which reports, based upon long continued observation, instituted for the express purpose of deciding a case of this kind, and that by eminent men in the specialty, had been published which were entirely contradictory in their conclusions. These difficulties arise sometimes from the fact that the patient, who is aware of his condition, but desires to conceal it, carefully avoids, while under observation, every expression or manifestation of his mental disorder; from the fact also that the disease, not being fully formed, is betrayed only by imperfect and insufficient signs. Another circumstance which

increases the difficulty, is that the semeiology of mental diseases does not consist, except in part, in precise and definite morbid symptoms which are always in themselves evidences of insanity, but depends more upon the interpretation which the skilful observer gives to the psychological acts. Two persons may say or do precisely the same thing, express their belief, for example, in witchcraft or their fear of being eternally lost; the observer who knows what these expressions signify, will say that one of these persons is insane and the other of sound mind. A correct conclusion can only be reached by taking into consideration all the facts that can throw light on the case, and that only by the aid of extensive experience and knowledge of the different forms of insanity, and the phenomena presented by each of these. But on the other hand it will not do to conclude because a particular case does not manifest all the symptoms of the well known forms of insanity, that the disease is not really present. To establish the different forms, the symptoms which most frequently characterize them are taken as types, but there are numerous intermediate states, mixed forms, and conditions not fully developed, which do not correspond to the typical forms.

Another cause of difficulty in making out a diagnosis in doubtful cases, is owing to the really slight boundaries which sometimes separate insanity from states of eccentricity or moral perversion. The status of what have been designated as *minor mental maladies*, which can scarcely be considered as amounting to actual insanity, is so well exhibited in the following extract that we cannot refrain from quoting it entire :

There is yet another class of cases where it is impossible to decide with certainty, whether the individual is insane or not. To ask, is the individual insane or is he not? does not state the question quite correctly. There are no well defined limits between a state of health and one of disease, even in physical disorders generally; there is in mental medicine as in the entire domain of pathology an intermediate sphere of disorders which have not yet reached a state of unquestioned disease, and in which the patient presents many of the attributes of health. Is not this the case in the simplest maladies? At what limit must it be said that a man is blind? Is it only when he can no longer perceive a ray of light? Where is the precise limit of deafness? When is a man dropsical; is it when he only presents slight symptoms of oedema? If not, where does dropsy begin? When the disease is at its height all can agree, but when it has only commenced, the fitness of the term may be disputed in particular cases. But in mental medicine there are a number of medico-legal cases occupying precisely this undetermined position—acts, for example, committed under the influence of passion by persons of feeble intellect, cases of habitual moderate excitement or perversity where the patients are at times beside themselves, as in drunkards, or in hysterical females,—cases in which it can generally be said that the individuals are by no means in a normal condition, though they may not present actual, well defined symptoms of mental disease, and it is probable rather than certain, that their actions have been the result in whole or in part of a morbid physical condition. In their mode of expression, there is no well defined limit between eccentricity, violence, perversion or depravation of the affective faculties on the one hand and insanity on the other. There is no constant sign by which it can be determined whether these states are mainly or in part the consequence of an organic trouble, whether independently of all influences of the kind, they are only a part of the primitive habitual character of the individual or the acquired results of moral causes to which he has been subjected. In cases of this kind, where symptoms of any cerebral disease co-exist, such as hallucinations, paralysis, etc., or of any other physical disease indeed; such symptoms are here possessed of extraordinary value.

In regard to the value, as diagnostic signs, of symptoms referable to other organs than the brain, the author expresses his views as follows:

The evidences of physical disorder drawn from the state of the pulse, digestion, secretions, etc., cannot manifestly, in any case, be sufficient to establish the existence of mental disorder, the diagnosis of which depends essentially on the psychical disturbance. This does not, however, prevent the symptoms of disease seated in other organs from being of great value as an aid in diagnosis. They, at least, will settle the question that the patient is not in his accustomed health. If these symptoms give the assurance that the person is in ill health, if there is evidence on one hand of an important change in the mental condition, and on the other, of a diseased state of the organism, it then becomes extremely probable that these two orders of symptoms are mutually connected, that is to say, that the mental condition is itself morbid. But as insanity depends essentially on cerebral disorder, there is no one psychical symptom which has a more important significance than any appearance indicating disordered cerebral action of another kind. It is for this reason that disorders of the sensorial functions and hallucinations are of such great value in the diagnosis of insanity, and that frequent pain in the head, insomnia, vertigo, deficient sensibility, inequality of the pupils, and all convulsive and paralytic symptoms are of such extraordinary value as diagnostic signs. These symptoms which can only be referred to lesions of the brain, are themselves proof of the existence of cerebral disease; it is manifest then that there ought to be no doubt that the psychical phenomena as well, are due to the same cerebral disease; at least, it is well-nigh impossible to prove the contrary. On the other hand, the absence of cerebral symptoms or of any other disorder of the general health, can never be adduced in proof that mental disorder does not exist; that is to say, mental disorder whose symptoms are exclusively psychical, because we see every day patients who are indisputably insane, chronic cases particularly, who present no disorder of the physical health.

In regard to the question, whether a person whose faculties are disordered is attacked with insanity, strictly speaking, or on the other hand with cerebral disturbance or disease of the brain sympathetic with another affection, it is impossible at times, says Dr. G., to decide it with certainty, because there are different affections of

the brain which may present themselves with the symptoms of insanity. But serious errors may and ought to be avoided, and the physician ought always to endeavor to make out a special diagnosis of mental disease. Intoxication, typhoid fever and acute meningitis, are the affections which are most frequently mistaken for insanity; and the author mentions an instance in which the physician of a German asylum, affected with typhoid fever, was sent to an institution as insane by a professional brother. It will not be necessary to follow the author through the rules he lays down for the guidance of the physician in separating insanity from these affections, but as a specimen of his exhaustive mode of treating the subject of diagnosis, we will conclude this portion of our notice with the following extract:

When it is decided that the patient is insane, a new series of questions relating to diagnosis comes up, especially as to the conditions of the brain, which may, in the case under consideration, give rise to the intellectual disturbance. The same principles apply here as in the diagnosis of other cerebral disorders. A palpable lesion in the cavity of the cranium may be suspected when we have symptoms of paralysis, particularly if they are confined to one side of the body; states of congestion are recognized by their well known signs—heat, redness, etc. In an immense majority of cases we cannot make out a clear diagnosis, based on anatomical lesions, but one rather based on symptoms: we can say whether the symptoms indicate a condition of active irritation, or rather one of oppression or exhaustion of the cerebral functions; one which is not based exclusively on the intellectual order of symptoms, but rather on the concurrence of all the symptoms taken together. Finally, there is another consideration to be taken into account, and that is, whether the existing cerebral disorder is primitive and idiopathic, or whether it is secondary, and sympathetic, resulting from disease in some other organ or from an altered state of the blood. The question of pathogeny must also be considered, whose solution depends on the symptoms present as referable to etiology, and the mode of origin of the disease.

The second book is occupied with the etiology and pathogeny of mental diseases. In regard to many causes of insanity, experience and observation have demonstrated, in a purely empirical way, the connection existing between them and the effect attributed to them. We know nothing of the manner in which the effect is produced. In other cases, their mode of action, and the manner in which they bring on the development of the disease, is more apparent. Etiology shows simply the connection existing between the causes of insanity and their ultimate effects, while the province of pathogeny is to throw light on the *modus in quo*, and to explain how and why the effect is produced. Causes are divided into predisposing and exciting, the former into general and special, the latter into physical, moral and mixed causes.

A careful examination of the etiology of insanity, will show that it differs in no respect from that of other diseases of the brain and nervous system. The study of the causes of epilepsy and of states of chronic irritation of the medulla shows, in this regard, resemblances which are very interesting and instructive. In all these cases we find two distinct modes of production of the disease. In one of these modes the disease is primary, and is the result of causes acting directly upon the brain, such as excitement, wounds, excessive fatigue, exhaustion of the brain and entire nervous system by the abuse of narcotics and stimulants, mental perturbation from violent passions, etc. In the other, the cerebral disturbance is secondary; it is consecutive to lesions originating in some other organ, and affecting the functions of the brain by sympathy. These different morbid influences appear to act upon the brain in three distinct modes, by causing a disturbance of the circulation, by producing in the brain

a state of nervous irritation which can only be regarded as the result of the transmission of an irritation from a distant portion of the nervous system to the central organ, and by bringing about a state of disordered nutrition in that organ. As in epilepsy, so in insanity, it is often extremely difficult to say whether the disease is primary or secondary. It is, nevertheless, important to make the distinction which constitutes indeed, the diagnosis of mental diseases connected with anatomical lesions of the brain and its membranes, from those which exist without manifest organic change in the cavity of the cranium.

The predisposing are of more importance than the exciting causes of insanity, inasmuch as the individual, who has by their influence, been gradually prepared for it, may by exposure to very slight exciting causes, be suddenly attacked by the disease; while on the other hand, one who has not the predisposition may be exposed to the most serious complication of exciting causes with impunity. The principal special predisposing causes of insanity are hereditary influence, and an acquired constitutional tendency, exhibiting themselves under the form of the *nervous constitution*. The signs of this constitution are described by the author as follows :

But there is another condition, sometimes congenital, at others acquired, which we may not be able to decide by its anatomical character, but which may be readily recognized by its physiological signs, which essentially predisposes to mental diseases. It is the nervous constitution or that condition of the central nervous system, which may be defined as a disproportion between reaction and irritation. This condition may be localized in certain parts of the central nervous system, of the brain, or of the medulla, for example, but it also frequently reveals itself by disordered action of the entire nervous system. On the part of the sensibility, hyperæsthesia of different

kinds is met with, sometimes extreme sensibility to the ordinary changes of temperature, at others, spontaneous alternating sensations of heat and cold, but especially by a multitude of nervous sensations, and a great susceptibility to painful impressions. As regards the muscular strength, the individual is feeble, is easily fatigued, and is disposed to make sudden movements, which are without force or energy. The mental faculties present a condition analogous to that of the sensibility and motility of the patient—the moral sensibility is very acute, the patients show a great tendency to mental suffering, the smallest trifles disturb, annoy and distress them, the feelings and determinations are extremely changeable. On the other hand, the will is feeble and irresolute, their efforts want energy, their desires are capricious and changeable. The intellect often presents also the same condition. Some are impressible as infants, their minds are unequally developed, their spirits variable and inconstant. Others are lively, brilliant, but superficial and without perseverance. They never apply themselves persistently, they undertake everything as amateurs. To this class belong those mediocre and eccentric poets and musicians, those abortive geniuses, who, with a certain amount of vivacity and spirit, can yet never apply themselves with sufficient patience to produce anything excellent. When, at length, these individuals fall into insanity, they afford a confirmation of the general principle that the development of the intellect, and thorough instruction, far from favoring mental alienation, are the surest safeguards against it.

The immediate consequence of this morbid impressibility, of this *irritable weakness*, the symptoms by which this condition is manifested on the part of the mental faculties themselves, are very variable, still many of the phenomena may be directly referred to the exaggerated tendency to mental suffering. This extreme susceptibility renders the patient vulnerable at numerous points. The mental equilibrium is consequently easily disturbed; the mental balance is more readily affected. Hence the great irritability of these persons, who are sometimes impatient, eager, aggressive, unable to bear the slightest contradiction; at others, striving to avoid all painful emotions by proudly shutting themselves up with their own thoughts. They are incapable of carrying into execution the designs even which interest them most. They conceal their thoughts in their own breasts, thinking them too grand and too noble to be communicated to those about them. The essential condition is the same, but is manifested in

different ways; still there is this in common about them all, that the disproportion which exists between the impressions made on them, and the reaction they produce, when it reaches a certain height, is betrayed by a tendency to exaggerate, and by an extravagance of character and conduct which nothing could justify; in the world they pass for eccentric and whimsical people. Sometimes they have unreasonable scruples, or manifest a childish pedantry, which does not, however, prevent them at times from being possessed of a certain mechanical talent. We see others who are wavering and unsettled, always hesitating in their thoughts and actions, sometimes cold and distant, sometimes gay to a fault, rash or irresolute, frivolous or obstinate, indifferent or enthusiastic, but always on extremes, always changing, always of a different opinion from any one else, in a word, always acting capriciously or impulsively. The least derangement of the physical health may be dangerous for these passionate, eccentric natures, who have no firmness—the slightest attack of disease may be sufficient to develope in them rapidly the preëxistent germs of insanity.

The following observations on the origin and causes of the nervous constitution are also interesting:

These moral and intellectual tendencies are manifestly congenital. They constitute, so to speak, the hereditary predisposition to insanity. They are manifested from childhood by capricious ways, by undue sensibility, by frivolous wants and by indifference to their studies. These poor children thus often become the despair and mortification of their parents and teachers. Sometimes they are also the objects of unreasonable admiration. I have frequently received the confessions of patients, or of those who had recovered their reason, and the conclusion I have reached agrees with the idea expressed by Foderé, that patients who present these tendencies, have often, from childhood, a premature inclination for venereal pleasures, they give themselves up to onanism, and probably in consequence of the excitement thus kept up in the genital organs, suffer at an early period of life from hemorrhoids.

Though it may be denied that these circumstances are entitled to be considered as causes of this peculiar mental constitution, it may yet be observed that it is not uncommon to see these mental conditions originate, at a certain age under the influence of diseases of the

genital organs, even in cases where there is no hereditary predisposition to insanity. It is scarcely necessary here to remark that hysteria, which is nothing else than a deep-seated disorder of the functions of the spinal nervous system, and also very often of the brain itself, very frequently has its origin in an affection of the genital organs.

The acquired nervous constitution may also be the result of other maladies, of frequent seminal emissions, for example, and of the anæmia and exhaustion which follow. At other times it seems that local hyperæsthesia, or long continued irritation of a particular nerve, may bring on a state of chronic irritation of the nervous centres as well as one of acute tetanus. There may exist also in the nervous centres themselves, localized affections, points of irritation, so to speak, which are the cause of disease, and whose anatomical diagnosis is impossible, but the location of which may be approximatively inferred from the existence of pain at certain portions of the spinal column or of vertiginous affections, when the fifth pair of nerves may be supposed to be implicated.

The mode in which the various causes of insanity act upon the brain, in producing the disease, can scarcely be appreciated except by their results. This is, however, only what might be expected, since in general pathology we are nearly always ignorant of the relations to each other, of causes and the phenomena to which they give rise. As in a majority of cases of insanity, there is no evident physical lesion of the brain substance, and the disease seems to be simply a nervous irritation or a disorder of nutrition, it is manifest that the causes of insanity in such cases, at least, must act in such a way as not to produce anatomical lesions of the brain. In other cases they give rise to a condition of which we are unable to detect the anatomical elements in the early periods, but which later are followed by atrophy or chronic hydrocephalus, etc. This condition is probably one of disordered nutrition, possibly of an inflammatory

nature. In other cases again insanity is clearly the product of an actual inflammatory condition, the anatomical characters of which are well known.

Dr. G. is disposed to attach less importance to intracranial congestion as an element of insanity, than he did at the time of the publication of the first edition of his work. But it is important, nevertheless, in his opinion, not to make too little account of congestion as a pathogenic condition of the disease, as German psychiatrists are still disposed to do. On this subject he expresses himself as follows :

It is very evident that active congestion of the brain often precedes or accompanies paroxysms of madness; melancholia and hysterical insanity, for example—these congestions may indeed occur in subjects completely anæmic. Cerebral congestion, which it appears to me difficult to regard as merely a post-mortem change, also, very frequently, when insanity is recent, presents traces which are readily recognized on the inspection of the body. Enfeebled action of the heart or organic lesions of the cerebral arteries, may give rise to retardation of the circulation, which manifests itself by a state of venous repletion—this stasis of blood in the veins, in recent cases, is often apparent in the countenance, by a general livid, slightly cyanotic hue, by a deeper tint of the eyelids and of the tip of the nose, by redness and even ecchymosis of the conjunctiva, by fulness of the veins of the neck and temples. Venous stagnation may be produced by organic disease of the heart, by want of power in the left ventricle, by fulness of the right ventricle owing to retarded respiration or want of fulness in the inspirations. Long continued, painful emotions, profound grief, violent sorrow, may act in the same way—respiration is then feeble and short, and the blood stagnates in the veins. In the same way are explained the oppression which these patients feel in the precordial region, the small pulse, the cold extremities, the gloomy expression of countenance, the dark circle around the eyes, all those appearances, in fact, which are met with in persons suffering from profound grief. But these emotions have still another mode of action, which it is important to notice, they interfere with nutrition, they deprive the patient of necessary sleep, they diminish

hæmatisis. I do not think cerebral congestion alone, and without the concurrence of other essential predisposing causes, would be sufficient to determine an outbreak of insanity; but I believe, on the other hand, when the predisposition does exist, cerebral congestion then performs a very important part in the production of the disease.

The third book is occupied with the different forms of insanity, which are arranged under the principal heads of mania, monomania, melancholia and dementia. We can scarcely do more in noticing this portion of the work, than present a few general considerations with which Dr. G. prefaces the chapters in which he treats of the "Forms of Insanity."

An examination of the facts, says the author, will demonstrate two distinct classes of psychical phenomena, which represent the two most distinct forms of insanity. In one, insanity consists in the morbid production of emotions, and emotional states which take possession of the mind and become fixed and permanent, under the influence of which the entire mental fabric undergoes modifications corresponding with the dominant emotional state. In the other, it consists of lesions of the intellect and of the will, which are not, or at least are no longer connected with predominant emotional states, but which represent a state of mental quietude without emotional disturbance, in which the thoughts and actions are influenced by false ideas generally, with a tendency to *impairment* of the mental faculties. Observation, moreover, proves that the condition which forms the first group, in an immense majority of cases, precedes the condition peculiar to the second, and that the latter is ordinarily only the sequel and termination of the former, when the disease becomes incurable. We see besides, in a great proportion of cases of the first group, a certain

sequence of the different kinds of emotional states. We may, therefore, look upon insanity as in its different mental forms, representing different periods of one and the same morbid effort which, it is true, may be modified, interrupted and even transformed by intercurrent pathological states of different kinds, but which, on the whole, pursues a constant and steady progress, which may end in the entire destruction of the intellectual life.

Pathology shows us, in fact, that in the first periods of insanity, it is rare to find important organic lesions, or at least only such as are susceptible of a complete cure, while in the second group, or in the terminal periods, there often exist manifest and incurable structural changes. It may, therefore, be said, that the lesions which give rise to the first periods of insanity, lesions which certainly are not always of the same nature, and which we cannot, at present, include in any general description, still possess this common tendency that in a large proportion of cases, they terminate in consecutive lesions and in a period of permanent organic alterations.

From whatever point of view, therefore, we regard the disease, we arrive at the same conclusion, that insanity is curable only during the first period of primary emotional disorders, and that on the other hand it is incurable when it reaches the period of secondary lesions, composing the second group. The first class includes mania, melancholia and acute monomania; the second, chronic monomania, (*folie systematisée*) and partial and general dementia.

States of mental depression are first considered. In all these conditions, says Dr. G., the essential lesion consists of a painful depressive emotion, which keeps the

patient constantly in a state of mental suffering. This may, at first, in the simplest form of melancholia, consist merely in a vague feeling of oppression, anxiety, depression and sadness; but more commonly this obscure and abstract emotional disturbance, is soon changed into distinct, painful, concrete ideas. There arises from the thoughts and feeling, in agreement with the actual disposition of the mind, without any external cause a true delirium, turning upon some painful and distressing subject, while at the same time the mental activity is fettered in its free exercise; the intellect becomes dull and heavy, and the thoughts aimless and monotonous. The moral reaction against the outside world, is sometimes enfeebled and hindered, sometimes exaggerated, in such a way that all mental impressions are painful. Very frequently these two modes of reaction coincide and alternate with each other. To this may be added numerous disorders on the side of the will, and it is especially upon these differences that the principal varieties of melancholia are based. Sometimes the efforts of the will are directly enfeebled and diminished, sometimes they are held bound, as it were, by a kind of spasm, or we may observe certain instincts and impulses of the will, to which the negative disposition of the mind gives form and consistence; or finally, a higher grade of mental suffering excites extensive motor impulses manifested by extreme agitation, which, when exaggerated and prolonged, takes entirely a different form from that of mania.

Observation and experience have proved that in a large proportion of cases, insanity commences with deep-seated disorder of the affective faculties, under the form of depressing, painful emotions. M. Guislain was the

first to make this observation, and to insist on its importance. The fact is indisputable, and there is nothing inconsistent with the assertion that the first period of all mental maladies is a state of melancholia. Doubtless there are exceptions; in senile dementia, in paroxysmal mania, in meningitis, in cases of insanity following typhoid fever, cholera, pneumonia, insolation, etc., mania often breaks out without being preceded by melancholia, but it is much more frequently the case that the absence of melancholia is only apparent, because being only slightly manifested, the case has not yet begun to be considered one of insanity.

The stage of depression preceding insanity, is designated by some alienists as the period of incubation, and in their view the commencement of the attack only dates from the moment when the patient can no longer control his actions. This limit is, to a certain extent, arbitrary, but it is the fact itself that the period of incubation always presents this character of depression, which is of such great importance.

The melancholia, which precedes and brings on insanity seems, at times, to be only the continuance of an actual painful emotion, having a real cause, such as grief, jealousy, etc.; but it is distinguished from healthy sorrow by its exaggeration, by its longer duration, and by becoming more and more independent of outward circumstances. In other cases melancholia arises without moral causes; nevertheless they more frequently exist, but melancholia does not appear to be the direct continuation of these emotions—it does not make its appearance until the latter have occasioned notable troubles in the functions of the nervous system and of nutrition, or have undermined the constitution.

Five chapters are devoted to as many different depressive forms of insanity, including hypochondriasis and the various aspects of melancholia. States of mental excitement, comprising mania and monomania, occupy two chapters. These comprise the primary emotional forms. Then follows a section on states of mental impairment, embracing chronic monomania, (*folie systématisée*) and two forms of dementia, which may be designated in English as the incoherent and apathetic forms, (*démence agitée, démence apathique.*) It would be interesting to follow the author through these different forms, but the limits of this paper will prevent us from going farther in this direction. The most important feature of this classification, however, is that which has been already noticed in what has been said of the division of insanity into the primary emotional forms, and those in which the intellect and will are affected consecutively, generally accompanied with a greater or less degree of mental impairment.

The fourth book is taken up with the pathology of mental diseases. In regard to the object to be kept in view, in the pursuit of pathological knowledge, and as a specimen of the author's manner of regarding the structural lesions met with in insanity, we present the following extract :

If in disease it is necessary to take cognizance, not only of symptoms, but of the diseased states of the organs to which the symptoms are due, all will agree that the lesions revealed by the inspection of the bodies of the insane, constitute an important part of psychiatry. It is, in fact, by the anatomical study of these maladies, that we must answer the question—what are the pathological states which give rise to the series of symptoms comprised under the name of mental diseases? It is here also that are laid the foundations of all correct diagnosis, that is of diagnosis based on anatomy. Cadaveric inspection

is not merely a means of gratifying our curiosity when all is over with the patient, pathological anatomy is not simply limited to observing and registering the anomalies verified by observers. We have not only to appreciate the value of the absence or presence of such and such a lesion, to seek for the connection more or less intimate, which it has with the production of the disease; but in addition, we must inquire, whether, from the knowledge derived from the observation of pathological facts, we may not deduce certain fundamental principles, capable of throwing a clearer light upon the intimate nature—upon the essential characters of these diseases, and upon the physiology and pathology of the brain in general.

In respect to the structural changes met with in insanity, and which may be considered as evidences of diseased action upon which the symptoms of the disease were dependent, the author lays down the proposition that they must always be sought for in the brain, and he argues that it is no proof that they do not exist there because they are not always discovered. If in the slighter forms of the disease the morbid action leaves no traces perceptible to our senses, it is only what is true in numerous other disorders of the nervous system in which no alteration of tissue can be detected. It might be expected, moreover, that in a disease so curable as insanity, in its early stages, that the morbid changes would be so slight as to escape notice, when examinations are so frequently made by men whose minds are preoccupied by the cares of hospital administration, and who have never, in fact, had the leisure necessary for the careful study of the morbid anatomy of the insane. We are, therefore, bound to receive with caution those negative results of autopsies of the insane, as well as the theories based upon them. From the fact that in certain cases no lesions are met with, it has been concluded that such lesions are of no consequence in insanity, and that

when they do exist they are not connected with the intellectual disorder. As well might we conclude, says Dr. G., because cough and dyspnœa sometimes exist without anatomical lesions of the lungs, that the symptoms of pneumonia are not due to inflammation of the lungs, or because cases are met with of paralysis, convulsions or spasm without alteration of the medulla, infer that in myelitis the symptoms are not due to inflammation of the spinal marrow, but are the results of some unknown cause.

In the present state of our knowledge, however, we can only say, in general terms, that the brain or encephalon is diseased, and what kind of change it has undergone. In what way the intellectual disorder or how such and such a mental condition has been produced by this alteration, or why the pathological state, in one individual, is accompanied by symptoms of insanity, whilst in another it gives rise to no such symptoms, are questions which we are unable to answer, even approximately. There may be presented organic lesions, those, for example, to which the fatal termination is due, such as recent meningitis, apoplectic clots and centres of softening which have no obvious connection with the pre-existent insanity—but even these cannot be regarded as purely accidental. These different affections may be presented suddenly, and speedily lead to a fatal termination, sometimes also they supervene as mere complications, may remain stationary or be cured in part, and then there will be found at the autopsy lesions which are more or less ancient and which have no immediate connection with the symptoms observed during life. To interpret correctly all these different appearances, is not possible at present, even by the aid of the most accurate

knowledge, and the most extended experience in the examination of such cases. The object of pathological anatomy is to ascertain what are the lesions most frequently met with in the autopsies of the insane, and by a comparison of these lesions, on one hand, with the morbid action which has produced them, and with the symptoms, on the other hand, which they have presented, to endeavor to arrive at correct anatomical ideas respecting cerebral diseases. This is the idea, says Dr. G., which he wished to express in the first edition of the work, but which was perhaps not so clearly set forth as in the present.

While it may be regarded as certain, that in a majority of cases of insanity, organic lesions of the brain are present, it is not pretended that there is any specific lesion which is, in all cases, identical. On this subject Dr. G. expresses himself as follows :

If by this is meant a lesion which must always be present, and which in all cases must be the same, the answer is a negative one, and *a priori*, it might be said that it must be so. In fact, a little reflection would make it apparent, that the intellectual disorders, so essentially different, which are designated as mania, melancholia, dementia, etc., could not be the result of one and the same morbid change. No one has ever advanced the idea, that in the different diseases of the spinal marrow, the different disorders observable on the part of sensibility and motion, must always be the product of one and the same anatomical lesions. So also the different disorders of sensation, of thought, and of volition, must be caused by different affections of the brain. But if the question of the identity of anatomical lesions be put in the opposite sense, if it be asked are there no lesions whose presence is always accompanied by considerable disturbance of the mental operations, the answer is affirmative. There are certain pathological states of the brain which always give rise to more or less serious disturbance of the intellect, or in other words to insanity. General inflammation of the cortical substance extending to a considerable number of the convolutions is never met with,

without being accompanied by profound disorder of the intellect. Extensive inflammation of the membranes covering the convexity of the hemispheres, œdema of the hemispheres or notable atrophy of the convolutions or extensive disease of the ventricular walls have never been observed without the presence of intellectual disorder, and particularly impairment of the mental faculties.

After a minute description of the morbid appearances, met with severally in the cranium, in the arachnoid, in the pia mater and cortical substance, in the mass of the brain and in the ventricles, the author presents a general summary of these morbid lesions under three distinct heads, viz: First, as they are observed in recent cases of mania and melancholia; secondly, as they occur in chronic insanity, and thirdly as they are presented in paralytic dementia. We quote as follows:

I. RECENT INSANITY.

1. As in a considerable number of cases, the brain on examination, appears to be entirely free from disease; it must be admitted, in the present state of science, that in some cases, at least, insanity depends on irritation of the brain which is purely nervous in its character, or upon a disorder of nutrition in the same organ.

2. When manifest lesions of the brain are present, they consist, sometimes, in a state of cerebral anæmia with serous infiltration, sometimes and this is more frequently the case in a state of hyperæmia, which affects the brain generally, or is limited to the membranes and cortical substance. This state of hyperæmia appears to excite, or to be merely accompanied by other pathological conditions, viz: disordered nutrition which lead to the consequences spoken of under the second head.

3. This hyperæmia is often accompanied by thickening and opacity of the membranes resulting from the continued stasis of blood in the vessels. These different lesions often come from the same causes as the hyperæmia itself, but they may also be produced by circumstances which have caused cerebral congestion a long time previously, such as intemperance, violent passions, or disease of the heart.

4. Between mania and melancholia, there is, anatomically considered, no constant marked difference, yet the lesions are not identical in these two forms of insanity.

5. Melancholia more frequently than mania presents no anatomical lesion; when there is one it is rarely hyperæmia, it is more frequently anæmia, the cerebral substance is sometimes harder than in the normal condition; or rather it presents more or less serious infiltration.

6. It is more rare in mania not to find any lesion or to find only simple hyperæmia. Here the hyperæmia is more intense than in melancholia, amounting at times to crysipelatous redness of the cortical substance, and frequently ending in inflammatory action with a tendency to softening, affecting the cortical substance, sometimes in its middle, at others in its external layers. When the softening is extensive and takes place rapidly, it is often preceded by profound impairment of the intellect. The intense hyperæmia which accompanies or ends in softening, appears to be the cause, at least, in part of violent maniacal excitement. Often also when the attack is less acute we find a certain discoloration of the gray substance.

II. CHRONIC INSANITY.

1. It is more rare not to find anatomical lesions or only simple hyperæmia in chronic insanity. The membranes are often thickened and opaque, much more so than in recent insanity.

2. We frequently find in chronic insanity lesions which are entirely absent in the preceding category, such as atrophy of the brain and especially of the convolutions, chronic hydrocephalus, effusions under the arachnoid discoloration of the cortical substance, and induration more or less extensive of the substance of the brain itself.

3. In these forms we observe discoloration rather than softening of the superficial cortical substance. It is indurated at the surface and adheres more or less extensively to the pia mater.

4. In chronic insanity and sometimes also in that which is recent, it is common to find superficial inflammation of the ventricular walls, a granular condition of the hippocampus and adhesions of the surfaces of the ventricles indicating the existence of inflammation.

5. At this period hyperæmia is no longer observed, or rather when it exists it has the character of *hyperæmia ex vacuo*; it is not uncommon to find the brain more or less atrophied, exsanguinous and œdematous. On the whole the lesions presented do not indicate active dis-

case; the brain presents consecutive conditions and the remains of former diseased states, and all the signs of cerebral marasmus corresponding to the character of the symptoms presented during life.

6. There is no greater anatomical difference between chronic monomania and dementia than there is between mania and melancholia, nevertheless it may be said in general terms, that considerable atrophy of the brain corresponds always to a state of profound mental impairment, yet the reverse is not always so distinctly observable.

III. PARALYTIC DEMENTIA.

1. There are cases of paralytic dementia even, where there are no morbid lesions perceptible to the unaided vision; but such cases are rare and besides they are of no special importance since it is known that under the microscope they may present well marked organic alterations.

2. The most frequent changes in paralytic dementia are œdema of the membranes, adhesions of the pia mater to the cortical substance, reddish gray softening or discoloration with partial and especially superficial induration of the cortical layers with development of the connective tissue and loss of nerve substance.

3. Atrophy of the brain, either general or affecting only the convolutions, is very common in paralytic dementia. We observe also at the same time its consequences, induration of the nervous tissues and separation of the walls of the ventricles, etc. The development of connective tissue and also of true cellular tissue of recent origin is also frequent.

4. Traces of pachy-meningitis, of meningeal apoplexy and degeneration of the cerebral arteries are also met with.

5. Disintegration of the nerve substance, that is to say development of connective tissue with destruction of the nervous element of the brain substance, extends often as far as the medulla spinalis. This is an important fact, taken in connection with the symptoms observed during life.

6. The anatomical lesions of paralytic dementia are more extensive and characteristic than those of other forms of insanity, still they are not always identical and may present certain variations. This difference seems to be due to the greater predominance in different cases of one or the other pathological elements, meningitis, atrophy or

induration of the cortical substance, and may also be owing to the slower or more rapid progress of the case.

From what has been said above, Dr. G. considers that the following general conclusions may be established :

a. Insanity, either acute or chronic, may be the result of simple abnormal excitement, or of disordered nutrition without appreciable change of structure.

b. More commonly this is not the case, and insanity depends on lesions which can be traced and which are more manifest as the disease is of longer duration. There are sometimes states of hyperæmia and of inflammation, which, generally originating in the pia mater and cortical substance, penetrate to different depths into the cerebral mass, and, when the morbid action does not recede, terminate by incurable lesions of the tissues, and by atrophy of the brain indicated by dementia.

c. There is also frequently disordered nutrition without inflammation, which we can only recognize by its final result, marasmus of the brain, but which in its initial periods, corresponding to the primary forms of insanity, completely eludes our researches. We might, perhaps, give to this morbid action the name of *atrophic irritation* of the brain.

d. Symptomatology is not yet sufficiently advanced for us to be able to decide positively, in a given case, whether there are anatomical lesions or not, or what is their location. Still we may make out an approximative diagnosis, which, however, is not more accurate than in other diseases of the nervous system.

e. As regards the anatomical diagnosis and prognosis, the most important circumstance to note is, whether there are serious lesions of motion which will indicate the existence of progressive general paralysis.

In the fifth book the questions of the curability of insanity, its prognosis and treatment are discussed with the author's habitual thoroughness and ability. The subjects of medical and moral treatment, of hospitals for the insane, and the non-restraint system are ably treated, and we find in this portion of the work, much

that would be interesting to our readers ; but our limits forbid us dwelling on any of these topics. We have now presented as briefly as possible an outline of this valuable treatise, with the intention solely of placing before our readers a general view of its contents, with no purpose of bringing forward our own opinions when they happen to differ from those of the author, believing in the few instances where this is the case that our space would be more profitably occupied in setting forth more fully the views of the author on portions of the general subject, upon which all will perhaps agree, but which hitherto have not received the special attention bestowed on them in the present work. In conclusion we cannot avoid again expressing our high opinion of the value of the work of Dr. Griesinger, not only to those of us who are engaged in hospital practice, and who are constantly in danger amid the pressure of daily cares and responsibilities, of losing sight of first principles—of the very basis and groundwork of our knowledge, but to the intelligent general practitioner also, who desires an exposition of the present state of mental medicine.

Etude Médico Légale sur la Simulation de la Folie : Considerations Cliniques et Pratiques a l'usage des Médecins Experts, des Magistrats et des Jurisconsultes. Par le Docteur ARMAND LAURENT, Médecin en chef de l'Asile d'Alienes de Marseille, etc. Paris: Victor Masson et Fils. 1866.

A Medico-Legal Study of Feigned Insanity. By Dr. ARMAND LAURENT, Chief Physician to the Marseilles Asylum for the Insane, etc., etc.

The author of this work, at the head of an institution formerly in charge of the celebrated Dr. Aubanel, takes occasion in his preface to bestow a fitting tribute of praise upon the character and labors of his predecessor. Aub-

anel was indeed a brilliant example of success in that double capacity of thinker and practical manager, which it belongs to every Superintendent of an asylum to fill. Among other valuable contributions to the literature of the specialty were several papers on medico-legal subjects, published in the *Annales Medico-Psychologiques*. These essays were consulted in the preparation of the present work.

Dr. Laurent enters upon his task with what appears to us moderate and sensible views of the end to be accomplished. It is not as a treatise upon some branch of scientific inquiry that his book is presented to us, but as a study of certain practical difficulties in legal medicine, with a view to their removal.

"In publishing this medico-legal study," he says, "I have chiefly designed to set forth the means by which it is possible to determine whether a case of insanity is real or simulated. This had not as yet been made the object of special inquiry. The matter, of various kinds, of use for guiding the medical expert in a question of such great interest, was scattered through the different treatises on legal medicine, works on insanity, and scientific and legal, periodical literature. It seems to me that a work of this kind would not be without its use to those who have to seek out the distinguishing characteristics of insanity."

In the first place, the writer devotes some observations to the inherent difficulties in the way of distinguishing between feigned and real insanity. Dr. Chipley, in his late excellent paper upon the subject,* appears to make light of these difficulties. "Nothing," he says,

*See *Journal of Insanity*, Vol. XXII. No. 1.

"is more difficult than to feign insanity successfully; and, with suitable opportunities for observation, nothing is more easy of detection." This he considers the rule, to which there are, however, prominent exceptions. Dr. Laurent expresses a more guarded opinion upon this point, as the cases which he gives seem to compel him to do. And it appears to us he is nearest right. Whatever may be the explanation of the fact, it is quite certain that insanity is feigned successfully in many instances, which are constantly being brought to notice. A few of these only may appear in *causes célèbres*, such as Dr. L. has collected with so much pains, but none are without their importance.

The cases upon which the present work is based are drawn, mainly, from journals and treatises in French, English, German and Italian. Many are from Paul Zacchias, Pinel, Fodéré, Esquirol and Marc. There are fifty-eight in all, seven of which have never before been published. Thirty-two are given in full, the remainder being presented only in the analysis of the writer. It is these cases, condensed in form but with all essential details, and arranged with due regard to the points they illustrate, that, in our opinion, give its chief value to the book. They present, in a few pages, all the most curious and instructive instances of feigning which have been recorded. By perusing them the medical expert will learn the utmost that human cunning, hardihood and perseverance has accomplished in endeavoring to avoid the penalties of crime by simulation. He will also discover what resources science and the sagacity of his brethren have supplied against these subterfuges. There can be no doubt, it seems to us, as to the advan-

tage of having such a storehouse of experience, to draw from in any emergency.

The utility of formal modes of procedure to the expert in the performance of his office, is much less apparent. Dr. Laurent notices several which have been recommended, but the reader will find that they have each been suggested by individual cases, and are not the result of an extended induction. We can hardly expect any but the most general rules to be of any use, where the facts and conditions are so infinitely various as they must necessarily be in these cases. The plan of Dr. Divergie is certainly a very simple one, as it is a mere statement of necessary mental processes in the consideration of any doubtful question. He says: "The medical expert ought to form two hypotheses in regard to the act submitted to his judgment. He should suppose (1,) that the individual is criminal; and (2,) that he is insane. The one of these hypotheses which is correct will explain without difficulty all the important phenomena, and their natural evolution, while the other will present a series of improbabilities which the judgment will reject as contrary to the truth." Dr. Laurent believes that "it is by grouping together the symptoms in the order in which they are presented, and in comparing the whole with groups observed in the clinical study of insanity; in tracing their connection with preceding physiological and pathological states; in following out the mode of action of the different causes, and the evolution and progress of changes which may have been effected under the most various conditions,—it is in this way we shall finally determine the present mental condition, and that also which existed at the moment of the commission of the criminal act."

The examination of a case of insanity naturally divides itself into the direct or personal, and the indirect or that of the testimony written and oral. Which of these should be first submitted to the expert? Circumstances must usually determine this, but we agree with Dr. Laurent, that when we may choose, the indirect examination should come before the direct. The falsehoods and exaggerations of the accused are, as he remarks, less likely to lead us astray, when we have the indirect testimony with which to compare them.

In this indirect examination, the evidence should be considered according to Dr. L., with reference to the following questions :

- “1. What is the act, and in what manner has it been committed?
2. What was its probable motive?
3. Is the crime a single or multiple one? Has it ever before been committed by the accused?
4. At what time was insanity first manifested?
5. What object is to be gained by feigning?”

We are reminded that many important facts in the history of the accused will probably have been omitted from the evidence. Those, especially, which relate to predisposition and heredity should be carefully supplied. The latter, Dr. L. believes, ought to be placed at the head of the causes of insanity. He would, however, limit the inference of hereditary insanity to those cases in which the direct ascendants have been affected. Here he refuses to follow Dr. Baillarger and others, in laying great stress upon the transformation of various neuroses of the parents into insanity in their children. Insanity proper must have appeared in the former to warrant the assumption of hereditary transmission.

The direct examination of the case of real or feigned insanity is the subject of the central chapter of Dr. Laurent's book, in respect to which the others are either introductory or supplementary. It will be acknowledged, we think, that the manner in which this part of the writer's task has been performed is worthy of praise. The various points which the examination should include are discussed in the order in which they should be taken up in practice, and with great fulness and care. We regret our inability to give here more than a simple outline of this division of the work.

Dr. L. urges the advantage of this examination being conducted in an asylum, where the case may be under constant and prolonged observation. To this end the forms of legal procedure should be better adapted, in our own country at least, than at present. The reasons for preferring this course are obvious enough. An important, practical objection is, that it offers an increased chance of escape to the simulator. But it would be easy to have certain wards of an asylum, by a trifling change in construction, and by a continual surveillance, made as secure in reality as any prison.

Physiognomy is considered an important means of diagnosis by Dr. L., who has written a paper, published in the *Annales Medico-Psychologiques*, in 1863, upon this special subject. He believes that "the face is the mirror of the soul," but does not limit his study of physiognomy to that part alone. "The shape of the head, the color and other qualities of the hair and skin, the form, movements and expression of the eyes and eyebrows, the color and fulness or thinness of the nose, the more or less easy dilatation of the nostrils, the lips, their relative situation in repose, their volume, color, dryness or

humidity, their movements and those of the jaws and movable parts of the face,"—all these and other particulars are included under this head. We believe that he will be practically followed by few of his readers in giving any considerable weight to this class of facts.

Immediately connected with the preceding, is the study of the attitudes and gestures. This part is in fact of no trifling importance. We cannot agree with Dr. Dagonet, who, in his work on mental diseases, declares that "in most acute forms of insanity we may nearly always discover the form and nature of the disorder from an examination of the attitudes alone of the patient." But, when taken together with his gestures and movements, much may undoubtedly be learned from this source, especially when the mental disease is connected, as it so often is, with lesions of motion and sensibility, and with other nervous derangements. This division of his subject the writer has treated in a very full and interesting manner.

If the well known saying is ever true, that "words are chiefly given to conceal our thoughts," it must be in the case of one who feigns insanity. But it is certainly the fact, on the other hand, that words, written and spoken, are the most important means for detecting simulation. Recognizing this importance to the full, Dr. L. devotes a large space to this phase of his subject, and brings forward a number of interesting cases in illustration.

Of almost equal interest with the foregoing is the part which treats of the sensibility and the organic functions, as bearing upon the diagnosis of insanity. We regret especially that space does not permit our translating, or

even giving in an abstract, the systematic and thorough discussion of this interesting topic.

The fifth chapter is devoted to that theory and classification of mental diseases which the writer thinks best adapted as a standpoint for the observations of the medical expert. A more natural arrangement would have been to place this before, instead of after, the chapters which treat of practical applications. Yet as Dr. Laurent's conceptions of the nature of insanity are neither exclusively somatic nor purely psychical, and as his classification is such as would be accepted by most modern writers on the disease, the order of the part is not important. "Insanity," he says, "is a disease which proceeds from the association of the soul and the body, and is manifested by lesions of the mental faculties, or psychical symptoms, and of the bodily functions, or physical symptoms."

He divides it into the simple, the mixed, and the complicated. Simple insanity includes acute, sub-acute and chronic mania; melancholia proper, and melancholia with stupor; *stupidité*, which answers to our acute dementia; *folie à double forme ou circulaire*, or alternating insanity; the various monomanias, ambitious, religious, etc.; and the primary and secondary phases of dementia. The mixed forms are the hypochondriacal, the nervous and the epileptic. The complicated are those connected with local organic lesions, with toxic or cachectic conditions, and with general paresis.

Following this *résumé* of the different forms of insanity, is a chapter on the various supplementary means for determining between insanity and its simulation. The first mentioned are ensnaring questions, deceit, intimidation, etc. These are recognized as legitimate, and often

effectual. Next are the severe means of sudden shocks, surprises and alarms. Among these is the plan of placing the suspected in a ward among acute maniacs, or epileptics. Several cases of success by this means are detailed. But the most powerful agent of this class is the shower bath. This, and the less severe means which we have mentioned, Dr. L. thinks may be properly employed, in severe cases. Beyond these, however, he would not go. Barbarous expedients rivalling those of the Inquisition, the red-hot iron, cauteries, scarification and flogging, which have been resorted to in former times, are emphatically condemned. The use of various drugs, such as opium, alcohol, ether, for producing intoxication is also decided against; not so much, however, as being unjustifiable, but as ineffectual. On the whole, Dr. Laurent would permit a much wider range of expedients for the detection of feigning than Dr. Chipley. Some of the objections urged by the latter in his paper may perhaps be considered as captious, but certainly he is right in determining to countenance nothing which may bring a reproach upon the dignity and humanity of our art.

In our own opinion, measures so severe as to amount to punishment for feigning ought not to be used where feigning has not been discovered; and when this is done, the prison and not the asylum is the proper place for the criminal.

The two following chapters are devoted to the interesting questions of feigning by the insane and those partially recovered from insanity, and by imbeciles. We are all accustomed to observe the frequent dissimulation of partially recovered patients, in concealing their delusions, and giving false explanations of their acts.

It is easy to suppose that the same class might feign insanity where any object was to be gained by it. But it is more important to recognize that the chronic insane, especially those whose insanity is of the mixed or complicated forms, have afforded many instances of feigning. Our own attention had not been specially directed to this point until an illustrative case came to our notice. This was in the person of a murderer who was acquitted on the ground of insanity, but in whom there was strong evidence of simulation. This interesting case has already been published.* We have since learned that similar facts had been observed, and that they are attested by Vingtrinier, Griesinger, Baillarger and others. Griesinger expressly declares that the detection of feigning is not to be considered proof of sanity; and Baillarger, in commenting upon this, says: "I believe that a man may have a real monomania of which he is not conscious, and yet, to attain a certain end, may simulate a form of insanity which he has not." We may say here, that Dr. Laurent does not rank with monomaniacs of feeling, as of pride and fear, a class named from certain actions, as kleptomania, oinomania, etc. The latter he terms pseudo-monomaniacs, after Drs. Morel and Delasiauve.

Respecting the feigning of demented and imbecile patients, he writes: "Various degrees of simulation have been remarked in imbeciles. Some of these, after having committed robbery or other crime, have yet had enough self-direction to profit by what had been said in their presence, to the effect that a madman or an imbecile could not be held responsible for his actions. And

*See *Journal of Insanity*, Vol. XX., p. 402.

in mentioning to them the punishment that would follow certain acts done by them, it was truly surprising to learn from their replies that they knew themselves to be irresponsible because they were simple-minded, imbecile, etc. Some imbeciles, in fact, have had enough of cunning and finesse to endeavor to feign, or rather to exaggerate, their imbecility." These assertions are borne out by several illustrative cases, of much interest.

We are next called to consider mental disorder as dependent upon menstruation, pregnancy, and the climacteric changes. The author admits these, pregnancy especially, to be the causes of numerous morbid feelings and impulses, but he strongly doubts whether they are, except perhaps very rarely, the sole origin of feelings which lead to criminal actions. When these extreme consequences really proceed from insanity, the latter, he believes, will generally be found to depend upon known, definite predisposing causes. But experience shows that a vicious disposition is the usual source of the act in question, and that the insanity is feigned.

Finally, we have a brief notice of the effects of simulation upon the simulator. Our knowledge upon this point has only been obtained from the confessions of desperate criminals, which cannot be received without suspicion. It is very probable that, in persons who have some mental defect, insanity has really been brought on by severe and protracted attempts to feign it. There is little doubt, also, that epilepsy and other nervous diseases which were at first simulated, have at last become fixed in those who have feigned them. These facts have all to be taken into account in the proper performance of the duties of the expert in insanity.

We translate in full the "Conclusions," in which Dr. L. gives a summary of his valuable book.

"We may sum up our extended researches on the important question of feigned insanity, in the following considerations :

Insanity is simulated chiefly by criminals. Not very many, however, resort to this fallacious expedient.

In a large proportion of cases of feigning, simple good sense is sufficient to discover the deception. But it is not these to which have been directed all the researches we have found necessary in the study of simulation. In many cases detection is very difficult.

We find in the previous history of simulators of the last class various facts which prove a long-possessed aptitude for feigning, and thence a degree of cunning.

Certain individuals are endowed with an extraordinary cleverness and perseverance, which demands, on the part of the medical expert, the most complete knowledge of insanity, a skill and tenacity enabling him to overcome the simulators with their own weapons, and to expose the stratagems employed to compass their ends.

Insanity being a disease proceeding from the union of soul and body, both the psychical and physical symptoms ought to be carefully examined.

The investigation necessary to the discovery of insanity cannot be limited to the testimony and the history of the case, but a very minute personal examination ought to be made.

Too many proofs cannot be brought together where the mental condition is in question, and when so serious a matter as a condemnation may be the result of the inquiry.

The best opportunities for this personal examination are afforded in an asylum for the insane. There, where are found experienced men, long devoted to the treatment of insanity, are also found the best means for the exact observation of mental manifestations, feigned or otherwise.

Among the forms of insanity most often adopted by simulators, are imbecility, *stupidité*, dementia, and acute mania. Few have undertaken to feign the monomanias. Some have feigned epilepsy, hysteria, somnambulism, and different varieties of paralysis.

From the complex nature of the mental and physical phenomena which constitute each form of insanity,—complexity independent of the will—it is impossible for the simulator to produce the natural train of symptoms belonging to the disease.

Insane simulators generally proceed by the exaggeration of certain symptoms, at the expense, or to the neglect, of certain others.

It is sometimes necessary to resort to means supplementary to the direct examination, in order to discover the true mental condition of the person examined. The most humane ought always to be employed.

Finally, simulation may produce the most serious ill-effects upon the simulator himself. The mental and bodily effort, and the many painful expedients which feigning demands, may lead, if prolonged, to real insanity."

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